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08/08/06--01003--001 **2300.00

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COVER LETTER

TO:	New Filing S Division of C					
SUB.	JECT:	Dorar	Sen	vices, Inc.	•	
2020		(Name of corpo	oration -	must include suffix)	
Dear	Sir or Madam:					
"Certi		cation by Foreign Corporation ence," and check are submitte Florida.				
Please	e return all corre	espondence concerning this n	natter to	the following:		
		Sharon D. Reg	gan, <i>i</i>	Attorney		
		(Na	me of Per	rson)		
			 -			
		•	m/Compa			
		125 S. Alca		· <u>·</u>		
			(Address)			
		Pensacola,			· · · · · · · · · · · · · · · · · · ·	
		(City/S	State and	Zip code)		
For fu	ırther informati	on concerning this matter, ple	ease call:			
Sha	aron Reg	an _{at (} 8	50)	439-1000	·	
	(Name of Po	erson) (A	Area Cod	e & Daytime Telep	hone Number)	
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclo	sed is a check t	for the following amount:				
\$70	0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		8.75 Filing Fee & ertified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy	



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 17, 2006

SHARON D. REGAN, ATTORNEY 125 S. ALCANIZ ST. STE 1 PENSACOLA, FL 32502

SUBJECT: DORAN SERVICES, INC.

Ref. Number: W06000031665

We have received your document for DORAN SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$2,300.00.

Please return a copy-of-this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole Document Specialist

Letter Number: 706A00045684

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

76 '1			.	
•		the adopted for the purpose of transacting business in Florida)	
Indiana (State or country under the law of which it is incorporated)		35-1420599		
	•	(FEI number, if applicable)		
1-31-78 (Date of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")		
July 1,	• ,	(Duration: Year corp. will cease to exist or perpetual)	l	
July 1,	(Date first transacted business	s in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	_	
173 E.	Broadway, Greenwood	I, IN 46143		
· · · · · · · · · · · · · · · · · · ·	(Principal office ac	ldress)	_	
173 E	. Broadway, Greenwoo	d, IN 46143		
	(Current mailing ac		-	
· <u></u>	ration Services	country to be carried out in state of Florida) 57	_	
(Purpose(s) of corporation authorized in home state or	country to be carried out in state of Florida)	_	
(Purpose(s	et address of Florida registered agent: (P		on poly-	
(Purpose(s) of corporation authorized in home state or		at stage	
(Purpose(s Name and stree Name:	et address of Florida registered agent: (P	O. Box NOT acceptable)	en pelap en	
(Purpose(s Name and stree Name:	of corporation authorized in home state or standards of Florida registered agent: (PSharon Regan 125 S. Alcaniz St., Ste	O. Box NOT acceptable) O. Box NOT acceptable)		
(Purpose(s	of corporation authorized in home state or et address of Florida registered agent: (PSharon Regan	O. Box NOT acceptable)	atalia Second	

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors:

A. DIRECTORS
Chairman:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
President: Joseph Michael Doran Address: 173 E. Broadway, Greenwood, IN 46143
·
Vice President:
Address:
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Yough el Doran
(Signature of Director or Officer listed in number 12 of the application)
Joseph Michael Doran, President
(Typed or printed name and capacity of person signing application)

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

DORAN SERVICES, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on January 31, 1978, and was in existence or authorized to transact business in the State of Indiana on July 03, 2006.

I further certify this For-Profit Domestic Corporation has not filed its most recent report required by Indiana law with the Secretary of State and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Third Day of July, 2006.

TODD ROKITA, Secretary of State

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