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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

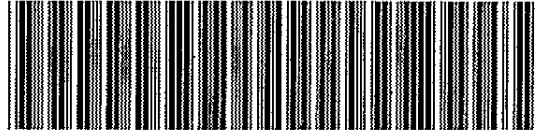
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Karen Gale and Associates, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Karen Gale, President
(Name of Person)

Karen Gale and Associates, Inc.
(Firm/Company)

185 Angelo Rd. SE
(Address)

PAIm Bay, FL. 32909
(City/State and Zip code)

For further information concerning this matter, please call:

Karen Gale at (321) 506-1358
(Name of Person) (Area Code & Daytime Telephone 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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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.*

1. Karen Gale and Associates, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. OREGON 3. EIN: 04-3736883
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1-29-03 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 185 Angelo Rd. SE.
(Principal office address)

PALM BAY, FL. 32909
(Current mailing address)

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8. MANAGEMENT CONSULTING AND BUSINESS ANALYSIS
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

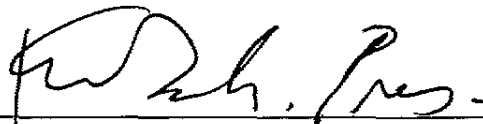
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Karen Gale, President

Office Address: 185 Angelo Rd. SE
PALM BAY, Florida 32909
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

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.

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

A. DIRECTORS

Chairman: Karen Gale, President

Address: 185 Angelo Rd SE

Palm Bay, FL 32909

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Karen Gale, President

Address: 185 Angelo Rd. SE

Palm Bay, FL 32909

Vice President: _____

Address: _____

Secretary: Karen Gale

Address: 185 Angelo Rd SE, Palm Bay FL 32909

Treasurer: Karen Gale

Address: 185 Angelo Rd. SE, Palm Bay, FL 32909

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Karen Gale, Pres.

(Signature of Director or Officer listed in number 12 of the application)

14. Karen Gale, President

(Typed or printed name and capacity of person signing application)

CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

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I, BILL BRADBURY, Secretary of State of Oregon, and Custodian of the Seal
of said State, do hereby certify:

KAREN GALE AND ASSOCIATES, INC.

was

incorporated

under the Oregon

Business Corporation Act

on

January 29, 2003

and is active on the records of the Corporation Division as
of the date of this certificate.



*In Testimony Whereof, I have hereunto set
my hand and affixed hereto the Seal of the
State of Oregon.*

BILL BRADBURY, Secretary of State

By

Debra L. Virag

July 28, 2006