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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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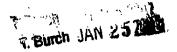
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SECRLIARY OF STATE TALL AHASSEE FLODINA



COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: CYNTHIA C. SCHOENBENGER, INC. (Name of corporation - must include suffix)	
(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 transact business in Florida.	to
Please return all correspondence concerning this matter to the following:	
(Name of Person) (Name of Person) (Schoenberger, Jac. (Firm/Company) (Address) St. Petersburg, FL 33704 (City/State and Zip code)	
(Name of Person)	_
LYNTHIA C. SCHOENBERGER, INC.	
(Firm/Company)	
1094-15TH AVENUE NORTH	
(Address)	_
ST. PETERSBURG, FL 33704	
(City/State and Zip code)	
For further information concerning this matter, please call: ARTHUR L. Scitoe NoeMGER at (727) 251-0011 (Name of Person) (Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: MAILING ADDRESS:	
New Filing Section Division of Corporations Clifton Building New Filing Section Division of Corporations P.O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301	
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\sum \\$78.75 Filing Fee & \$\sum \\$78.75 Filing Fee & Certificate of Status \$\sum \\$ Certified Copy \$\sum \\$ Certified Copy	us &



January 19, 2007

ARTHUR L. SCHOENBERGER 1094 - 15TH AVE NORTH ST PETERSBURG, FL 33704

SUBJECT: CYNTHIA C. SCHOENBERGER, INC.

Ref. Number: W07000002822

We have received your document for CYNTHIA C. SCHOENBERGER, 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):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The name and capacity of the person signing as incorporator on behalf of In number 2 please put the state which it is incorporated. must be stated beneath the signature.

In number 2 please put the state which it is incorporated.

Please return your document, along with 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) 245-6928.

Letter Number: 207A00004284

Tim Burch Document Specialist

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	ailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in	n Florida)	
2(State or country	ry under the law of which it is incorporated) (FEI number, if applicable)		
4	5/9/1995 · Pon some as		
(Dat	5. PERPETURE (Duration: Year corp. will cease to exist or "pe	rpetual")	
6.			
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)		
- //9//		'n W	
7	(Principal office address)	<u> </u>	
1094-	-15TH AVENUE No SE PETENSBURG 5 3370	1 75	∾
	(Principal office address) (Principal office address) (Current mailing address)		007
		E [7]	JAN
	ENLESTATES SALES ASSOCIATE / Broken		54 11 C
(Purpose)	e(s) of corporation authorized in home state or country to be carried out in state of Florida)		T 字 2
9. Name and stre	eet address of Florida registered agent: (P.O. Box NOT acceptable)	407	<i>\text{i}</i>
Name:	Anomen L. ScHOENDENGER	E E	္ထ
Office Address:	1094-1574 AVE 1/2		•
Office Address:	1094-15TH AVE. No. St. Petensburg, Aug., Florida 33704 (City) (Zip code)		
	St. Petensburg, Alles, Florida 33709		
	(City) (Zip code)		
	agent's acceptance:		
	med as registered agent and to accept service of process for the above stated corporatio is application, I hereby accept the <u>app</u> ointment as registered agent and agree to act in t		
further agree to c	comply with the provisions of all statutes relative to the proper and complete performa		
and I am familia	ar with and accept the obligations of my position as registered agent.		
	(Registered agent's signature) STATE OF FRONIDA (Registered agent's signature) OF CYNTHIN C. SCHOOL	77L	

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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: CYNTHIA C. SCHOENBERLEEN Vice Chairman: _____ Address: Director: Address: ____ **B. OFFICERS** President: LYNTHIA C. SCHOENBENGEN Treasurer: Address: __ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application)

Typed or printed name and capacity of person signing application)



Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION **OF**

CYNTHIA C. SCHOENBERGER, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 1/8/1998.

I FURTHER CERTIFY that as of the date of this certificate, CYNTHIA C. SCHOENBERGER, INC. remains active and has complied with the filing requirements of this office.

Date: January 9, 2007

UBI: 601-845-538

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State

