

F07000001272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

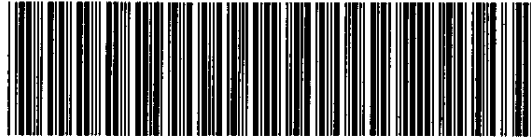
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400089941924

03/06/07--01033--004 **87.50

FILED
2007 MAR -6 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.8.3-7

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Quality Sleep Diagnostics 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:

Kelly Stevens
(Name of Person)
Quality Sleep Diagnostics Inc
(Firm/Company)
213 Whittier Circle
(Address)
Orlando FL 32806
(City/State and Zip code)

For further information concerning this matter, please call:

Doug Childress at (339) 832-1762
(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. Quality Sleep Diagnostics Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp," "Inc.," "Co," or "Corp.")
Quality Sleep Centers
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Massachusetts 3. 86-1164166
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 03/28/2006 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. N/A - start 4/1/07
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2500 Bobcat Village Center Rd, Unit G, North Port FL 34288
(Principal office address)
213 Whither Circle, Orlando FL 32806
(Current mailing address)
8. Sleep Diagnostics Facility
(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: Kelly Stevens
Office Address: 213 Whither Circle
Orlando, Florida 32806
(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.

Kelly Stevens

(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.

FILED
2007 MAR -6 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILED

2007 MAR -6 PM 3:47

A. DIRECTORS

Chairman: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: ~~DONALD ARENTS~~ (ERROR)

Address: _____

Director: DONALD ARENTS

Address: 219 Palermo Place
Venice FL 34285

B. OFFICERS

President: Kelly V. Stevens

Address: 213 Whither Circle
Orlando FL 32806

Vice President: (SAME AS PRESIDENT)

Address: _____

Secretary: ELIZABETH INGLIS

Address: 20 TREMONT ST SUITE 20 DUXBURY MA 02332

Treasurer: Kelly V. Stevens

Address: 213 Whither Circle Orlando FL 32806

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

13. _____

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

14. _____

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



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

February 26, 2007

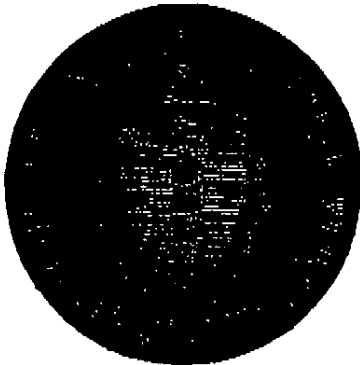
TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office,

QUALITY SLEEP DIAGNOSTICS, INC.

is a domestic corporation organized on **March 28, 2006**, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Processed By: jb