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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CHECKMATE
Account Number : 120030000146
Phone : (941) 922-2801
Fax Number : (941) 922-7741

FOREIGN PROFIT/NONPROFIT CORPORATION

LIVINGSTON CEILING AND PARTITIONS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

W07-51962

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: LIVINGSTON CEILING AND PARTITIONS, 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:

LEAH HARN

(Name of Person)

CHECK MATE

(Firm/Company)

4411 BEE RIDGE ROAD, #257

(Address)

SARASOTA, FL 34233

(City/State and Zip code)

For further information concerning this matter, please call:

LEAH HARN

(Name of Person)

at (941) 366-1819

(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

Oct 19 07 03:01p
Oct 17 07 06:33p

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**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. LIVINGSTON CEILING AND PARTITIONS, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"INC.," "CO.," "CORP.," "LTD.," "CO.," or "CORP.")

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

2. MICHIGAN

(State or country under the law of which it is incorporated)

3. 38-3505168

(FBI number, if applicable)

4. DECEMBER 13, 1999

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION

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

7. 4425 CORNWELL LANE WHITMORE LAKE, MI 48189

(Principal office address)

SAME AS ABOVE

(Current mailing address)

8. ANY AND ALL LAWFUL BUSINESS

(Purpose(s) of corporation authorized to transact business in state of Florida)

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

Name: **KENNETH MCKNIGHT**

Office Address: **11419 WATERFORD VILLAGE DRIVE**

FORT MYERS

(City)

, Florida **33913**

(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.



Kenneth McKnight
(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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TALLAHASSEE, FLORIDA

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Tony Marinelli

1810) 226-4237

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: **ANTHONY MARINELLI**

Address: **4425 CORNWELL LANE**

WHITMORE LAKE, MI 48189

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. *Anthony Marinelli*

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

14. **ANTHONY MARINELLI, PRESIDENT**

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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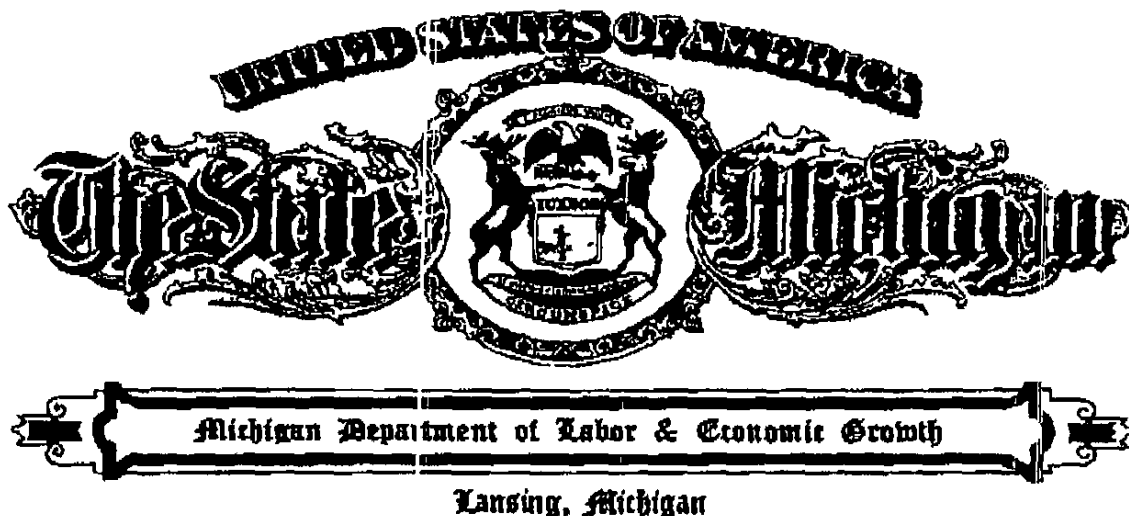
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This is to Certify That

LIVINGSTON CEILING AND PARTITIONS, INC.

was validly incorporated on December 13, 1999, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission
25846A

In testimony whereof, I have herunto set my hand, in the City of Lansing, this 15th day of October, 2007.

Andrew S. Telford , Director

Bureau of Commercial Services

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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OCT-15-2007 MON 08:10 TEL: 546-1820

NAME: VANCE R LANE, CPA

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