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SECRETARY OF STATE

ALLAHASSEF OF STATE

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## **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: Kellar	& ASSociateS INCORPORA
	ation - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," and check are submitted to transact business in Florida.	or Authorization to Transact Business in Florida," o register the above referenced foreign corporation to
Please return all correspondence concerning this matt	ter to the following:
Deana	Melissinos
Kellar A ASS	of Person) Couches Incorporated Company)
(a)O Sycamore Street St.	300
	ebration, FL 34747
(City/Stat	e and Zip code)
For further information concerning this matter, please	e call:
(Name of Person) at (Area)	1, 907-1818 a Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section	MAILING ADDRESS: New Filing Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32301	7411411415500, 1 15 3251 1
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certified Copy



November 7, 2007

DEANA MELISSINDS KELLAR & ASSOCIATES INCORPORATED 610 SYCAMORE STREET, STE 360 CELEBRATION, FL 34747

SUBJECT: KELLAR & ASSOCIATES INCORPORATED

Ref. Number: W07000055063

We have received your document for KELLAR & ASSOCIATES INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

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.

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) 245-6933.

Letter Number: 107A00064904

Dale White Regulatory Specialist II

Division of Corporations .. P.O. ROY 6397 Tallahasson Florida 39314

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO FREGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
VIII & ASSOCIATE TO SOME AND WOU
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")  SECRETARY  ALLAHASSEE
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. (State or country under the law of which it is incorporated)  3. (FEI number, if applicable)
4. Taly 30, 2002  (Date of incorporation)  5. (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. 610 Sycamore Street, Ste 360 Celebration, FL 34747 (Principal office address)
some as Alasse
(Current mailing address)
8. (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)
Office Address: 610 Sycamore Street, Ste 360
<u>Celebration</u> , Florida 3477
(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. If further agree to comply with the provisions of all statutes relative to the proper and complete performance of my dution and I am familiar with and accept the obligations of my position as registered agent.
and I am jumiliar with the decept 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.

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

Chairman:	DEBNA MELISSIMOS	FILED
Address:	502 Hubbard Court	
	Celebration. FL 34747	7007 NOV 16 P 2: 01
Vice Chairman: _		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Address:		<u> </u>
Director:		
Address:		
	·	
	DEANH MELISSINOS 1502 Hudbard Court	
Vice President: _	COLONATION , TO STITL	
Address:		
Secretary:		
Address:		
Treasurer:		
Address:		
NOTE: If neces	ssary, you may attach an addendum to the application listing a	dditional officers and/or directors.
13	1 Som Welvan	<u> </u>
	(Signature of Director or Officer listed in number 12 of	
14	(Typed or printed name and capacity of person signing	Panlication)



## **Arkansas Secretary of State Charlie Daniels**

State Capitol Building • Little Rock, Arkansas 72201-1094 • 501-

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2007 NOV 16 P 2: 01

SECRETARY OF STATE TALLAHASSEE, FLORIDA

### **Certificate of Good Standing**

I, Charlie Daniels, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

#### **KELLAR & ASSOCIATES INCORPORATED**

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office July 30, 2002.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 2nd day of November 2007.

Charlie Daniels Secretary of State

Online Certificate Authorization Code: 6a9362f66eaccc4

To verify the Authorization Code, visit sos.arkansas.gov