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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

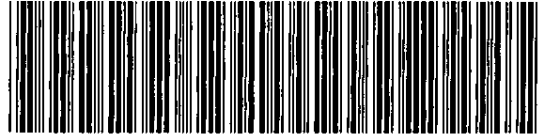
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Special Instructions to Filing Officer:

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2009 JAN 12 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JAN 14 2009

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: LMD Operating Company No. 1 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:

Elizabeth P. Koenig, President

(Name of Person)

LMD Operating Company No. 1 Inc.

(Firm/Company)

PO Box 1222

(Address)

Lyndonville, VT 05851

(City/State and Zip code)

For further information concerning this matter, please call:

Elizabeth P. Koenig

(Name of Person)

at (802) 427-1239

(Area Code & Daytime Telephone Number)

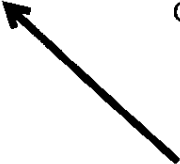
STREET/COURIER ADDRESS:

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
- 



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 28, 2008

ELIZABETH P. KOENING
PO BOX 1222
LYNDONVILLE, VT 05851

SUBJECT: LMD OPERATING COMPANY NO. 1 INC.
Ref. Number: W08000049401

We have received your document for LMD OPERATING COMPANY NO. 1 INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the principal and mailing addresses in number 7.

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".

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.

Tim Burch
Regulatory Specialist II

Letter Number: 908A00055387



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 10, 2008

ELIZABETH P. KOENIG
PO BOX 1222
LYNDONVILLE, VT 05851

SUBJECT: LMD OPERATING COMPANY NO. 1 INC.
Ref. Number: W08000049401

We have received your document for LMD OPERATING COMPANY NO. 1 INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Please complete the principal and mailing addresses in number 7.

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.

Tim Burch
Regulatory Specialist II

Letter Number: 908A00055387

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. LMD Operating Company No. 1 Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

n/a

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

2. Vermont

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

3. 26-0396592

(FEI number, if applicable)

4. June 1, 2007

(Date of incorporation)

5. Perpetual

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

6. n/a

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

7. 61 Depot Street, Office # 2, Lyndonville, VT 05851

(Principal office address)

PO Box 1222, Lyndonville, VT 05851-1222

(Current mailing address)

8. To engage in lawful activity for which corporations may be organized under the Vermont Business Corporation Act.

(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: EUNICE GALLATS

Office Address: 2825 SW 22 AVE Ste 105

Delray Beach, Florida 33445

(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.

Eunice Gallats

(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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SECRETARY OF STATE
TALLAHASSEE
FLORIDA

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

A. DIRECTORS

Chairman: Elizabeth P. Koenig
Address: 73 Main Street - Rm 53
Montpelier, VT 05602

Vice Chairman: n/a

Address: _____

Director: Angela F. Koenig
Address: 3257 N Southport Ave Apt 2
Chicago, IL 60657-3228

Director: Robert P. Koenig
Address: 116 South Street (PO Box 751)
Lyndonville, Vt 05851

B. OFFICERS

President: Elizabeth P. Koenig
Address: 73 Main Street - Rm 53
Montpelier, VT 05602

Vice President: n/a

Address: _____

Secretary: Angela F. Koenig
Address: 3257 N Southport Ave Apt 2, Chicago, IL 60657-3228

Treasurer: Elizabeth P. Koenig
Address: 73 Main Street - Rm 53, Montpelier, VT 05602

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

13. ☒ Elizabeth P. Koenig
(Signature of Director or Officer listed in number 12 of the application)

14. Elizabeth P. Koenig, President
(Typed or printed name and capacity of person signing application)

FILED
2009 JAN 12 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2009 JAN 12 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF VERMONT
OFFICE OF SECRETARY OF STATE

Certificate of Good Standing

I, Deborah L. Markowitz, Vermont Secretary of State, do hereby certify that
according to the records of this office

LMD OPERATING COMPANY NO. 1 INC.

a corporation formed under the laws of the State of Vermont

was filed for record in this office on June 01, 2007.

I further certify that the corporation has perpetual duration, that its most recent annual report is on file, and, as of this date, articles of dissolution/withdrawal have not been filed.

October 23, 2008

Given under my hand and the seal
of the State of Vermont, at
Montpelier, the State Capital



Deborah Markowitz
Secretary of State

