

F09000003181

(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



000159105730

08/10/09--01053--004 **78.75

FILED
09 AUG 10 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EP 8/11/09

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SOUTHERN SLEEP SERVICES, 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:

LAWRENCE KUHNERT

Name of Person

SOUTHERN SLEEP SERVICES, INC.

Firm/Company

3138 DAHLIA WAY

Address

NAPLES, FL 34105

City/State and Zip code

JACKIK13@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAWRENCE KUHNERT

Name of Person

at (407) 421-3590

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. SOUTHERN SLEEP SERVICES, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. GEORGIA 3. 20-1945107
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/03/2004 5. PERPETUAL
(Date of incorporation) (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. 140 SWEETBRIAR LAKES DR., THOMASVILLE, GA 31757
(Principal office address)
3138 DAHLIA WAY, NAPLES, FL 34105
(Current mailing address)
8. DEVELOP SLEEP LAB
(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: LAURENCE KUHNER
- Office Address: 3138 DAHLIA WAY
NAPLES, FL, Florida 34105
(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.

319
(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
09 AUG 10 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: ANTHONY K. SMITH

Address: 140 SWEETBRIAR LAKES DR
THOMASVILLE, GA 31757

Vice Chairman: _____

Address: _____

Director: LAWRENCE KUHNERT

Address: 3138 DAHLIA WAY
NAPLES, FL 34105

Director: MIKE BURKE

Address: 4004 ROCKSPUR TRAIL
CRYSTAL LAKE, IL 60012

FILED
09 AUG 10 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. OFFICERS

President: ANTHONY K. SMITH

Address: 140 SWEETBRIAR LAKES DR
THOMASVILLE, GA 31757

Vice President: _____

Address: _____

Secretary: ANTHONY K. SMITH

Address: 140 SWEETBRIAR LAKES DR, THOMASVILLE, GA 31757

Treasurer: _____

Address: _____

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

13. 319
(Signature of Director or Officer listed in number 12 of the application)

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

Control No. 0471578

STATE OF GEORGIA

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

09 AUG 10 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

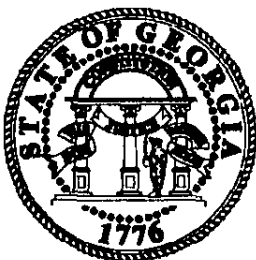
SOUTHERN SLEEP SERVICES, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 12/03/2004 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 5th day of August, 2009

Karen C Handel
Secretary of State