## F0900003554

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B. Meknight SEP 0 8 2009

## **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: Langham Consulting Services	, Inc.
Name of corporation -	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for A "Certificate of Existence," and check are submitted to restransact business in Florida.	
Please return all correspondence concerning this matter t	o the following:
Gary Thorso	n, PhD
Name of Po	
Langham Consulting	Services, Inc.
Firm/Comp	
2240 Monro	pe St.
Addres	s .
Mandeville, LA	A 70448
City/State and	d Zip code
gthorson@langham	
E-mail address: (to be used fo	r future annual report notification)
For further information concerning this matter, please ca	li:
Gary Thorson, PhD at ( 985	<u>) 264-1485                                     </u>
Name of Person Area Co	ode & 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 \$\times \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & \$\int\\$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy



September 1, 2009

GARY THORSON, PHD 2240 MONROE ST MANDEVILLE, LA 70448

SUBJECT: LANGHAM CONSULTING SERVICES, INC.

Ref. Number: W09000039435

We have received your document for LANGHAM CONSULTING SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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) 245-6931.

Letter Number: 909A00029309

Becky McKnight Regulatory Specialist II New Filing Section

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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.

Louisiana		name adopted for the purpose of transacting busing	ness in Florida)
		_ <sub>3.</sub> <u>721269226</u>	
State or country	under the law of which it is incorporated)	(FEI number, if applicable	)
May 6, 1994		<sub>5.</sub> perpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to exist of	or "perpetual")
	awaiting awa	and of State Contract	
		ness in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability)	
2240 Monroe	St. Mandeville, LA 70448		
	(Principal office	address)	
2240 Monroe	St. Mandeville, LA 70448		
	(Current mailing	g address)	
<b>5</b> 11 1 <b>7</b>	10.1		
	onsulting services	or country to be carried out in state of Florida)	09 AL
	•	•	
Name and stree	t address of Florida registered agent:	(P.O. Box <u>NOT</u> acceptable)	SEP - SEP - CRETA
Name:	Gary Thorson, PhD		AKKA 8-8
C A 4.1	105 Island Way Unit 122		PH 2: OF ST
fice Address:			ORI ORI ORI ORI ORI ORI ORI ORI ORI ORI
nce Address:	Clearwater Beach	, Florida 33767	
Name:		(P.O. Box NOT acceptable)	RETARY OF STA VHASSEE, FLOO

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:	
A. DIRECTORS	
Chairman: Gary Thorson, PhD	
Address: 2240 Monroe St.	
Mandeville, LA 70448	
Vice Chairman: N/A	
Address:	
Director: N/A	, .,
Address:	· · · · · · · · · · · · · · · · · · ·
Director: N/A	
Address:	7
	ALLAH
B. OFFICERS	55 To 100 Auto
President: Gary Thorson, PhD	SEE,
Address: 2240 Monroe St.	ST. ST.
Mandeville, LA 70448	O7
Vice President: Debra Ardoline	
Address: 2240 Monroe St.	
Mandeville, LA 70448	
Secretary: Celeste Thorson	
Address: 2240 Monroe St. Mandeville, LA 70448	
Treasurer: N/A	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional office	cers and/or directors.
13. Signature of Director or Officer listed in number 12 of the application	on)
(Signature of Director of Officer listed in number 12 of the application 14. Gary Thorson, PhD President	лі)
(Typed or printed name and capacity of person signing application)	)

## United States of America State of Louisiana





As Secretary of State, Jay Dardenne, I do hereby Certify that

LANGHAM CONSULTING SERVICES, INC.

A corporation domiciled in MANDEVILLE, LOUISIANA,

Filed charter and qualified to do business in this State on May 6, 1994,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set My hand and caused the Seal of my Office To be affixed at the City of Baton Rouge on,

8 2009

Secretary of State

June



Certificate ID: 20090608008902

To validate this certificate, visit the following web site, go to Commercial Division, Validate Certificate, then follow the instructions displayed,

www.sos.louislana.gov