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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

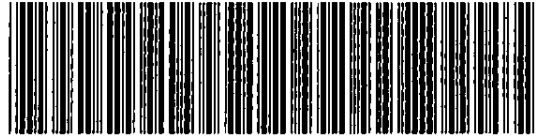
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. Burch OCT 20 2009

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PROFESSIONAL DEVELOPMENT ASSOCIATES, 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," or "Certificate of Good Standing" 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:

DENISE A BOWMAN

Name of Person

DENISE A BOWMAN, CPA

Firm/Company

1303 BARBOUR

Address

NORMAN, OK 73069

City/State and Zip code

tgi@coxinet.net

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

For further information concerning this matter, please call:

DENISE BOWMAN

Name of Person

at (405) 329-5542

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 Cop ☐ \$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. PROFESSIONAL DEVELOPMENT ASSOCIATES, INC. (SUBCHAPTER "S" CORPORATION)
(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. OKLAHOMA 3. 73-1437627
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11-19-1993 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 813 ELM COURT, MARCOS ISLAND, FLORIDA 34145
(Principal office address)

813 ELM COURT, MARCOS ISLAND, FLORIDA 34145
(Current mailing address)

8. DEVELOPMENT OF PROFESSIONAL EDUCATION TRAINING
(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: KAREN COSTIE

Office Address: 813 ELM COURT,
MARCOS ISLAND, Florida 34145
(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.



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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: KAREN COSTIE

Address: 813 ELM COURT

MARCOS ISLAND, FLORIDA 34145

Vice President: ROBERT FOX

Address: 813 ELM COURT

MARCOS ISLAND, FLORIDA 34145

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. 

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

14. KAREN COSTIE, PRESIDENT

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

OFFICE OF THE SECRETARY OF STATE



**CERTIFICATE OF GOOD STANDING
DOMESTIC FOR PROFIT BUSINESS CORPORATION**

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that PROFESSIONAL DEVELOPMENT ASSOCIATES, INC. whose registered agent is WILLIAM J ROBINSON, with its registered office at 520 COLCORD DRIVE OKLA CITY 73102 USA Oklahoma is a Domestic For Profit Business Corporation duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 16th, day of October, 2009.

M. Susan Savage

Secretary Of State

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TALLAHASSEE, FLORIDA