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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF STATE
TAIL AMASSEE, FLORID.

EP 10/03/09

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: <u>Kaplan + Kram</u>	er, P.C. tion - must include suffix)
Dear Sir or Madam:	nion - must metade surrix)
The enclosed "Application by Foreign Corporation f "Certificate of Existence", and check are submitted to transact business in Florida.	
Please return all correspondence concerning this ma	tter to the following:
(Name	e of Person)
haplan Kramer, P.	<u>C.</u>
15312 Hawworth Dr	Company)
Mary Haplan (Name Namer, P.) (Firm/ 15312 Hayworth Dr Winter Garden, FL	ddress) 34787
	ate and Zip code)
For further information concerning this matter, plea	se call:
Mary haplan at (40) (Nume of Porson) (Ar	rea Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\sim \text{\$78.75 Filing Fee & Certificate of Status}\$	□ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy 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.			
haplan Kramer, P.C.			
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)			
2. U.S./Georgia (State or country under the law of which it is incorporated) 3. 20-4743831 (FEI number, if applicable)			
(State or country under the law of which it is incorporated) (FEI number, if applicable)			
4. 3/21/06 (Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")			
Hand annlikia tima			
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")			
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)			
7. 15312 Hayworth Drive, Winter Garden FL 34787 (Principal office address)			
Same			
(Current mailing address)			
Law office			
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)			
9. Name and <u>street address</u> of Florida registered agent: (P.O. Box or Mail Drop Box <u>NOT</u> acceptable)			
Name: Nary haplan			
Name: Mary haplan Office Address: 15312 Hayworth Dr Winter Garden, Florida 34787 (City) (Zip code)			
Winter Garden Florida 34787			
(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.			
Mary W. Thadar			
(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:

A DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Di	
Director:	
Address:	ATT 23 F
	Sci. Pp
B. OFFICERS	F. F. C.
President: Illary haplan	957 8
Address: 16312 Hayworth Dr	P
President: Mary haplan Address: 16312 Hayworth Dr Winter Garden, FL 34787	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing	additional officers and/or directors.
(Signature of Ohnrman, Vice Chairman, or any officer listed	
Mary las thanks	d in number 12 of the application)
14. Mary W. haplan (Typed or printed name and capacity of person sign)	ing application)

Control No. 062

STATE OF GEORGIA

Secretary of State

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



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

KAPLAN & KRAMER, P.C.

Domestic Professional Corporation

was formed or was authorized to transact business on 03/27/2006 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 18th day of November, 2009

Karen C Handel Secretary of State

faun Chandel

Certification Number: 4697540-1 Reference:

Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp