

F10000004303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

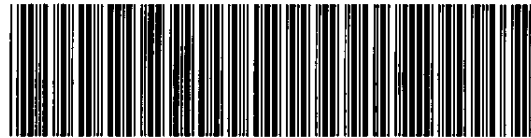
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200185848112

09/28/10--01014--007 **87.50

FILED
2010 SEP 28 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers SEP 30 2010

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: K & W Mind Body Therapies, 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:

Wayne Brack

Name of Person

K & W Mind Body Therapies, Inc.

Firm/Company

236 SW Port St. Lucie Blvd.

Address

Port St. Lucie, Florida 34984

City/State and Zip code

wayneblmt@me.com

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

For further information concerning this matter, please call:

Wayne Brack

Name of Person

at (772) 812-2712

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. K&W Mind Body Therapies, 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. New York 3. 20-4608509
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/23/2006 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. 236 SW Port St. Lucie Blvd., Port St. Lucie, Florida 34984
(Principal office address)

349 SW Donna Terrace, Port St. Lucie, Florida 34984
(Current mailing address)

8. A Wellness Center for Therapeutic Massage & Bodywork
(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: Wayne Brack

Office Address: 236 SW Port St. Lucie Blvd.

Port St. Lucie, , Florida 34984
(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.

FILED
2010 SEP 28 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Wayne Brack

Address: 236 SW Port St. Lucie Blvd., Port St. Lucie, Florida 34984

Director: Kathleen Brack

Address: 236 SW Port St. Lucie Blvd. Port St. Lucie, Florida 34984

B. OFFICERS

President: Wayne Brack

Address: 349 SW Donna Terrace, Port St. Lucie, Florida 34984

Vice President: Kathleen Brack

Address: 236 SW Port St. Lucie Blvd., Port St. Lucie, Florida 34984

236 SW Port St. Lucie Blvd., Port St. Lucie, Florida 34984

Secretary: Kathleen Brack

Address: 236 SW Port St. Lucie Blvd., Port St. Lucie, Florida 34984

Treasurer: Wayne Brack

Address: 236 SW Port St. Lucie Blvd., Port St. Lucie, Florida 34984

2010 SEP 28 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

13. Wayne Brack

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

14. Wayne Brack, President

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

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of K&W MIND BODY THERAPIES, INC. was filed on 03/23/2006, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.



2010 SEP 28 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 20th day of September two
thousand and ten.*

A handwritten signature in black ink, appearing to read "Neil F. ...".

First Deputy Secretary of State