

F10000005171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

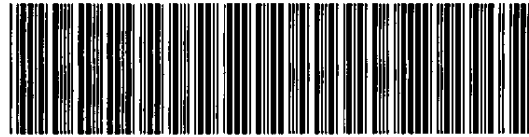
Special Instructions to Filing Officer:

*File
Upon dual
no penalty*

Office Use Only

W10000054012

\$ 300.00



500187753585

11/15/10--01015--002 **70.00

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SECRETARY OF STATE
DIVISION OF CORPORATION
2010 NOV 15 PM 4:56

File 11/29/10

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Schnelz Wells, PC

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:

Marie MacDougall

Name of Person

Schnelz Wells, PC

Firm/Company

280 North Old Woodward, Suite 250

Address

Birmingham, MI 48009

City/State and Zip code

marie@swlawpc.com

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

For further information concerning this matter, please call:

Marie MacDougall

Name of Person

at (248) 258-7074

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

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 17, 2010

MARIE MACDOUGALL
280 NORTH OLD WOODWARD
SUITE 250
BIRMINGHAM, MI 48009

SUBJECT: SCHNELZ WELLS, PC
Ref. Number: W10000054012

We have received your document for SCHNELZ WELLS, PC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$800.00.

If you have any further questions concerning your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 910A00027055

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DIVISION OF CORPORATIONS
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MATT CHOKLETA 854-488-0717
LA BROWN

APPLICATION TO COLLECT AND/OR REPORT TAX IN FLORIDA

SECTION A - BUSINESS INFORMATION

DR-1
R, 01/08
Page 1



PIX LINDA THURMAN
@ ST. OF FLORIDA
850-488-0717

1. This application is for (check all that apply):

Tax Type	Fee Due	Complete Sections
<input checked="" type="checkbox"/> Sales and Use Tax	\$5.00 *	A, B, H
<input checked="" type="checkbox"/> Use Tax Only		A, B, H
<input checked="" type="checkbox"/> Solid Waste Fees and Pollutants Tax	\$30.00 **	A, B, C, H
<input checked="" type="checkbox"/> Unemployment Tax		A, D, H
<input checked="" type="checkbox"/> Gross Receipts Tax on Electric Power and Gas		A, E, H
<input checked="" type="checkbox"/> Documentary Stamp Tax		A, F, H
<input checked="" type="checkbox"/> Communications Services Tax		A, G, H

are registered with the Florida Department of Revenue) or a change to an existing registration.

Change to Existing Registration

- D. ☐ Change of county location (Business is moving from one Florida county to another) E. ☐ Change of legal entity F. ☐ Change of ownership

If you have checked Box D, E, or F, the Department will cancel your existing certificate(s) and issue a new one. Provide the certificate number(s) to be cancelled. (Attach additional sheet if necessary.)

□□-□□□□□□□□□□□□□□□□

If you are moving to a new county, you must also file a new application. If you are changing the legal entity, you must also file a new application.

FILING A FL CORP.
TAX RETURN WILL
AUTOMATICALLY REGISTER
THE CORP TO DO
BUSINESS THERE.
SEPARATE REGISTRATION
IS NOT NECESSARY.

with tax obligation
existing location

□-□

3. If this is a seasonal business (not open year-round), list

Beginning date: □□/□□/□□□□
month day year

4. Legal name of corporation, individual owner (last, first, middle)
Schnelz Wells, PC

5. Trade or fictitious name (d/b/a) (if different than #4 above):

6. Complete physical address of business or real property. Home
vendors must use their home addresses. Listing a post office box
280 North Old Woodward, S

City/State/ZIP:
Birmingham, MI 48009

7. Mailing address (if different than physical address):

Mailing address:

City/State/ZIP:

E-mail address:

info@swlawpc.com

Telephone number:

Telephone number:

Fax:

258-7074
258-7084

8. If you have a Consolidated Sales Tax Number and want to include this business location, please complete the following:

N/A

80-□□□□□□□□□□□□□□□□

Consolidated registration name on record with the Florida Department of Revenue.

If you want to obtain a new consolidated number, contact the Department and request Form DR-1CON.

Consolidated registration number

9. Business Entity Identification Number. If you are registering for unemployment tax or have employees, you must provide an FEIN. If an FEIN is not required for your business entity, the social security number of the owner is required. Social security numbers are used by the Department as unique identifiers for the administration of Florida's tax laws. They are confidential under sections 119.0721 and 213.053, Florida Statutes, and are not subject to disclosure as public records.

a. Federal Employer Identification Number (FEIN):

38-3480228

or

b. Social Security Number (SSN) of owner:

□□□-□□□-□□□□

(If you are required to have an FEIN, but have not yet been assigned one you may call the Internal Revenue Service at 800-829-4933 to request one.)

PLEASE TYPE OR PRINT CLEARLY

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DIVISION OF CORPORATION
SECRETARY OF STATE

**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. Schnelz Wells, PC

(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. Michigan

(State or country under the law of which it is incorporated)

3. 38-3480228

(FEI number, if applicable)

4. 07-23-99

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 01-31-08 *- upon qual*

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 280 North Old Woodward, Suite 250, Birmingham, MI 48009

(Principal office address)

280 North Old Woodward, Suite 250, Birmingham, MI 48009

(Current mailing address)

8. Business legal affairs

(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: Todd Wells

Office Address: 3200 Gulfshore Boulevard N., #304

Naples

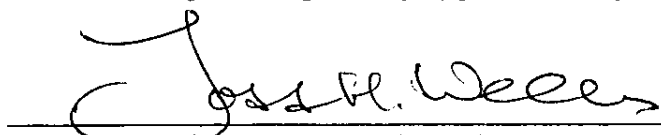
(City)

, Florida 34103

(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:

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DIVISION OF CORPORATIONS

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A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Todd Wells

Address: 280 North Old Woodward, Suite 250

Birmingham, MI 48009

Director: Steve Wells and Kurt Schnelz

Address: 280 North Old Woodward, Suite 250

Birmingham, MI 48009

B. OFFICERS

President: Todd Wells

Address: 280 North Old Woodward, Suite 250

Birmingham, MI 48009

Vice President: Steve Wells

Address: 280 North Old Woodward, Suite 250

Birmingham, MI 48009

Secretary: Kurt Schnelz

Address: 280 North Old Woodward, Suite 250, Birmingham, MI 48009

Treasurer: _____

Address: _____

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

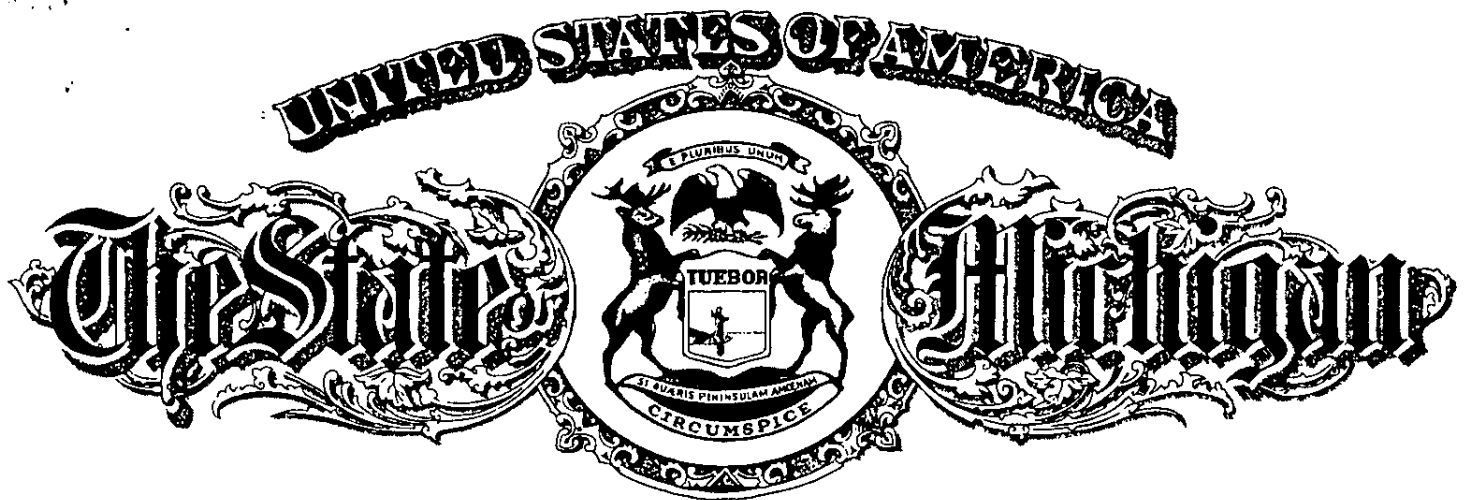
13. Todd H. Wells

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Todd H. Wells, President Schnelz, Wells P.C.

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



Department of Energy, Labor & Economic Growth

Lansing, Michigan

This is to Certify That

SCHNELZ WELLS, P.C.

was validly incorporated on July 23, 1999, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

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DIVISION OF CORPORATIONS
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In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 26th day of October, 2010.

,Director
Bureau of Commercial Services