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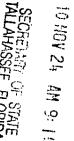
(Requestor's Name)			
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PICK-UP	WAIT MAIL		
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(Document Number)			
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## **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: WILCOY & BIVINGS, P.C.  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:  RANDALL E. BIVINGS CPA  Name of Person
WILCOY & BIVINGS, P.C. Firm/Company
140 ALA BEACH BOULEVARD, SUITE D
SAINT AUGUSTINE BEACH, FL 32080
SAINT AUGUSTINE BEACH, FL 32080  City/State and Zip code  REBCPA @ ADL. Com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
RANDY BIVINGS at (678) 794-7055  Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clother 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 & S78.75 Filing Fee & Certified Copy  S87.50 Filing Fee, Certificate of Status  Certified Copy  Certified Copy



November 5, 2010

RANDALL E. BIVINGS, CPA 740 A1A BEACH BOULEVARD, SUITE D SAINT AUGUSTINE BEACH, FL 32080

SUBJECT: WILCOX & BIVINGS, P.C.

Ref. Number: W10000051999

We have received your document for WILCOX & BIVINGS, P.C., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees:	\$35.00
Registered Agent	
Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

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) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 110A00026161

## 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. WIL	COX E B	IVINGS,	P.C.	CORDOR (TION)	
(Enter name of c	corporation; must include corp," "Inc," "Co," or "Co	"INCORPORATED," rp.")	"COMPANY," "C	ORPORATION,"	
					ZS.
(If name unavail	able in Florida, enter alte	rnate corporate name a	adopted for the purpo	ose of transacting busine	ss in 🖫 🛒 da) 🗧
2. <b>6E</b> 0	RGIA	3.	58-23	24876	SSAI
	under the law of which is		(FEI	number, if applicable)	in c. a
1-1	210-	5	PERPE	ETUAL	N 14
(Date	of incorporation)			rp. will cease to exist or	"perpetual")
. 117	1/10				<b>≯</b> ⊓ ⊹
o		transacted business in	Florida, if prior to re	egistration)	<del></del>
	(SEE SECTION	NS 607.1501 & 607.15	02, F.S., to determine	e penalty liability)	
7. 740	ATA BE	ACH BO	ULE VM	2D, SUI	TE D
		(Principal office addr			
ST 1	HUGUSTINE	BEAC	4. FL	3208	ပ
<u> </u>		(Current mailing addr	ess)		
00	<b>.</b>	<b>D</b> =	_ 1.		
8		- PUBL			
(Purpose(s	s) of corporation authoriz	ed in home state or co	untry to be carried or	it in state of Florida)	
9. Name and stree	et address of Florida re	gistered agent: (P.O.	. Box NOT accept	able)	
Name:	RANDALL	E BIVI	NGC CP	4	
r turno.		_	•		
Office Address:	140 ATA	BEACH BL	AD' POILE	こ り	
	ST AUGUS	TINE BEACH	# .Florida	32080	
		City)		p code)	
10 Pagistared or	rant <sup>i</sup> e accantance				

#### 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.



APPROVEL AND FILED

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

hairman: ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	10 NOV 24 AM 9: 15
ddress:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ice Chairman:	
ddress:	
irector:	
ddress:	
rector:	
ddress:	
ce President: LANDALL E. BIVINLS, CPA  Strangustine BEACH, FL 3  ce President: STEPHAN R. WILCOY, CPA  ddress: 4485 TENCH RD., SUFTE	2080 1320
SUMANEE, GA 30024	-)
cretary:	
ldress:	
easurer:	
ldress:	

Control No. K721967

## STATE OF GEORGIA

## Secretary of State

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

## CERTIFICATE OF

EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state decorgia, hereby certify under the seal of my office that

### WILCOX & BIVINGS, P.C.

#### **Domestic Professional Corporation**

was formed or was authorized to transact business on 06/13/1997 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 26th day of August, 2010

B: Ph

Brian P. Kemp Secretary of State

Certification Number: 6113331-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp