

F12000003581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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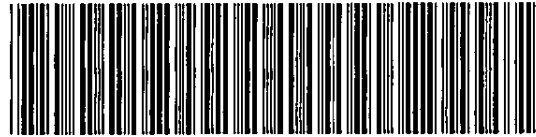
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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WZ-2272

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12 AUG 29 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

T. Bush AUG 30 2012

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** A. L. COELHO, 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:

ANA LUIZA COELHO, MD  
Name of Person  
A. L. COELHO, INC.  
Firm/Company  
1490 SAN HELEN DR.  
Address  
DUNEDIN, FL 34698  
City/State and Zip code  
anabonita319@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANA L. COELHO at ( 727 ) 798-5073  
Name of Person 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

12 AUG 29 PM 1:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 16, 2012

ANA LUIZA COELHO, MD  
1490 SAN HELEN DR  
DUNEDIN, FL 34698

SUBJECT: A.L. COELHO, INC.  
Ref. Number: W12000042872

We have received your document for A.L. COELHO, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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) 245-6052.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 512A00021163

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

FILED  
12 AUG 29 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. A. L. COELHO, 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. NORTH CAROLINA

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

3. EIN: 45-2447898

(FEI number, if applicable)

4. 5/23/2011

(Date of incorporation)

5. PERPETUAL

(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. 1490 SAN HELEN DR., DUNEDIN FL 34698

(Principal office address)

AS ABOVE

(Current mailing address)

8. PATHOLOGY SERVICES

(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: ANA LUIZA COELHO, MD

Office Address: 1490 SAN HELEN DR.

DUNEDIN

(City)

, Florida 34698

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation, designated in this application, I hereby accept the appointment as registered agent and agree to agree further agree to comply with the provisions of all statutes relative to the proper and complete performance of my position as registered agent and I am familiar with and accept the obligations of my position as registered agent.

Ana Luiza Coelho

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days old, by the Department of State, by the Secretary of State or other official having custody of the records 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: ANA L. COELHO (SOLE DIRECTOR)

Address: 1490 SAN HELEN DR.

DUNEDIN, FL 34698

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: ANA L. COELHO (SOLE DIRECTOR)

Address: 1490 SAN HELEN DR.

DUNEDIN, FL 34698

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: MICHAEL POLEY

Address: 1490 SAN HELEN DR. DUNEDIN FL 34698

Treasurer: ANA L. COELHO

Address: 1490 SAN HELEN DR. DUNEDIN, FL 34698

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

13. ANA LUIZA COELHO

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. ANA LUIZA COELHO

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

FILED  
12 AUG 29 PM 4:18  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301



# NORTH CAROLINA

## Department of the Secretary of State

### CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

**A. L. COELHO, INC.**

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 23rd day of May, 2011, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

FILED  
12 AUG 29 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 24th day of August, 2012.

*Elaine F. Marshall*

Secretary of State