

F12000 004356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

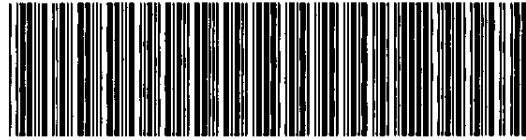
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 OCT 24 AM 11:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Doyenne Services 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:

Jo Ellen Reid, D.B.A.

Name of Person

Doyenne Services Inc.

Firm/Company

34 North Main Street, Suite 100

Address

Arab, Al., 35016

City/State and Zip code

jreid@doyenne-services.com

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

For further information concerning this matter, please call:

Jo Ellen Reid

Name of Person

at (256) 200-2219

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

12 OCT 24 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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. Doyenne Services 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. Alabama 3. 45-3634637
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06 January 2012 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. None
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 34 North Main Street, Suite 100, Arab, Al., 35016
(Principal office address)
34 North Main Street, Suite 100, Arab, Al., 35016
(Current mailing address)

8. Provide various services to commercial and government entities.
(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: NRAI Services, Inc.

Office Address: 515 East Park Avenue

Tallahassee, Florida 32301
(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.

NRAI Services, Inc.

By: Jessica Cox

By: Jessica Cox, Assistant Secretary

(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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 OCT 24 AM 11:44

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

A. DIRECTORS

Chairman: Jo Ellen Reid, D.B.A.

Address: 34 North Main Street, Suite 100
Arab, Al. 35016

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Jo Ellen Reid

Address: 34 North Main Street, Suite 100
Arab, Al. 35016

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Jo Ellen Reid, D.B.A.

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. Jo Ellen Reid, D.B.A., CEO/Owner

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

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TALLAHASSEE FLORIDA



State of Alabama

Department of Revenue

Certificate of Good Standing

Doyenne Services Inc. is in compliance with the Alabama business privilege tax payment and return requirements in Chapter 14A, Title 40, Code of Alabama 1975 as of the date of issuance. This certificate is valid for sixty days from the date of issuance.

IN WITNESS WHEREOF, I hereunto set my hand this
date of September 26, 2012.

Director, Individual and Corporate Tax Division

ATTEST:

Secretary

SECRETARY OF STATE
TALLAHASSEE FLORIDA

12 OCT 26 AM 11:44

FILED

Business Privilege Tax

Phone: 334-353-7923

Fax: 334-242-8915

Request Date: September 26, 2012

Request Code: 1209266050716