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## COVER LETTER

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

**SUBJECT:** GUT CHECK, 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:

**BARBARA MEDBERY-PRCHAL**

Name of Person

**LAW OFFICES OF BARBARA MEDBERY-PRCHAL, P.C., L.L.O.**

Firm/Company

**10305 JOSEPH CIRCLE**

Address

**LA VISTA, NE 68128**

City/State and Zip code

**bmedbery@cox.net**

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

For further information concerning this matter, please call:

**BARB**

at ( **402** ) **669-2415**

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

**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. **GUT CHECK, 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. **NEBRASKA** 3. **46-1981968**

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

(FEI number, if applicable)

4. **02/19/2013**

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. **5429 N. 92ND AVENUE, OMAHA, NE 68134**

(Principal office address)

**11012 FRISCO LANE, JACKSONVILLE, FL 32257**

(Current mailing address)

8. **FITNESS EVENTS**

(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:

**DAVID MONAGHAN**

Office Address:

**11012 FRISCO LANE**

**JACKSONVILLE**

(City)

, Florida **32257**

(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:

**A. DIRECTORS**

Chairman: DAVID MONAGHAN

Address: 11012 FRISCO LANE  
JACKSONVILLE, FL 32257

Vice Chairman: SARAH MONAGHAN

Address: 11012 FRISCO LANE  
JACKSONVILLE, FL 32257

Director: DAVID MONAGHAN

Address: 11012 FRISCO LANE  
JACKSONVILLE, FL 32257

Director: SARAH MONAGHAN

Address: 11012 FRISCO LANE  
JACKSONVILLE, FL 32257

**B. OFFICERS**

President: DAVID MONAGHAN

Address: 11012 FRISCO LANE  
JACKSONVILLE, FL 32257

Vice President: SARAH MONAGHAN

Address: 11012 FRISCO LANE  
JACKSONVILLE, FL 32257

Secretary: SARAH MONAGHAN

Address: 11012 FRISCO LANE, JACKSONVILLE, FL 32257

Treasurer: DAVID MONAGHAN

Address: 11012 FRISCO LANE, JACKSONVILLE, FL 32257

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

13.  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. DAVID MONAGHAN, PRESIDENT

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

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# STATE OF NEBRASKA

United States of America,        } ss.  
State of Nebraska                }

Secretary of State  
State Capitol  
Lincoln, Nebraska

I, John A. Gale, Secretary of State of the  
State of Nebraska, do hereby certify that

**GUT CHECK, INC.,**

**was duly incorporated under the laws of this state on February 19, 2013 and  
do further certify that no occupation taxes assessed are unpaid and no  
occupation taxes are delinquent; Articles of Dissolution have not been filed  
and said Corporation is in existence as of the date of this certificate.**

*This certificate is not to be construed as an endorsement,  
recommendation, or notice of approval of the entity's financial  
condition or business activities and practices.*

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In Testimony Whereof,



I have hereunto set my hand and  
affixed the Great Seal of the  
State of Nebraska on this date of

**September 5, 2013**

*John A. Gale*  
Secretary of State