

F1400000851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

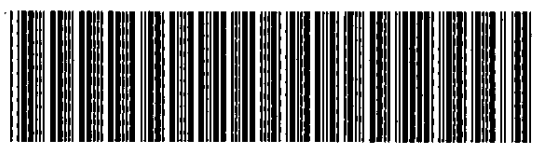
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

W/4 9558



000256338680

02/10/14--01024--002 **78.75

SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 FEB 24 PM 1:14

Handwritten signature and date 2-25-14

505 HIGHWAY 169 NORTH, SUITE 350
MINNEAPOLIS, MINNESOTA 55441



TELEPHONE: (763) 398-0441
FAX: (763) 398-0062

PAUL A. ZIMMER
pzimmer@ckzlawfirm.com
ALSO ADMITTED TO PRACTICE IN WISCONSIN

February 21, 2014

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: *Fur-Sure-Baby, Inc.*

Greetings:

Pursuant to your request, please find the Application by Foreign Corporation for Authorization to Transact Business in Florida with an attached Delaware Certificate of Good Standing. I have also enclosed a copy of your letter dated February 14, 2014 for your reference and a self-addressed stamped envelope for the return of the filed document.

If you have any questions regarding the matters contained herein, please do not hesitate to contact me.

Sincerely,



Emily E. Burrows

/eeb
Enclosures

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Fur-Sure-Baby, 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:

Paul Zimmer

Name of Person

Courey, Kosanda & Zimmer

Firm/Company

505 Highway 169 North, Suite 350

Address

Minneapolis, MN 55441

City/State and Zip code

pzimmer@ckzlawfirm.com

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

For further information concerning this matter, please call:

Paul Zimmer

Name of Person

at (763) 398-0441

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

February 13, 2014

PAUL ZIMMER
COUREY, KOSANDA & ZIMMER
505 HIGHWAY 169 NORTH, SUITE 350
MINNEAPOLIS, MN 55441

SUBJECT: FUR-SURE-BABY, INC.
Ref. Number: W14000009558

RECEIVED
14 FEB 24 AM 11:59
TALLAHASSEE, FLORIDA

We have received your document for FUR-SURE-BABY, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 214A00003363

**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. **Fur-Sure-Baby, 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. **Delaware**

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

3. **46-3291319**

(FEI number, if applicable)

4. **05/14/2013**

(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. **3511 Silverside Road, Suite 105, Wilmington, Delaware 19810**

(Principal office address)

550 Chipping Lane, Longboat Key, Florida

(Current mailing address)

8. **Own and operate private aircraft.**

(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: **Mark Flannery**

Office Address: **550 Chipping Lane**

Longboat Key

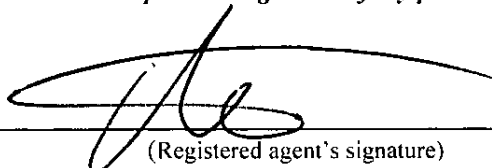
(City)

, Florida **34228**

(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.

14 FEB 23 PM 1:14
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

A. DIRECTORS

Chairman: Mark Flannery

Address: 550 Chipping Lane
Longboat Key, 34228

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Mark Flannery

Address: 550 Chipping Lane
Longboat Key, 34228

Vice President: _____

Address: _____

Secretary: Mark Flannery

Address: 550 Chipping Lane

Treasurer: Longboat Key, 34228

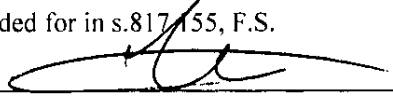
Address: _____

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. Mark Flannery 

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

Delaware

PAGE 1

The First State

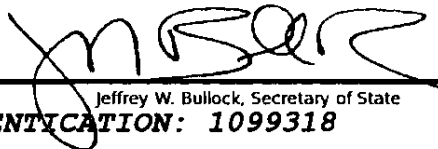
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FUR-SURE-BABY, INC" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF JANUARY, A.D. 2014.



5334504 8300

140082947

You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1099318

DATE: 01-30-14

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Office Address: **550 Chipping Lane**

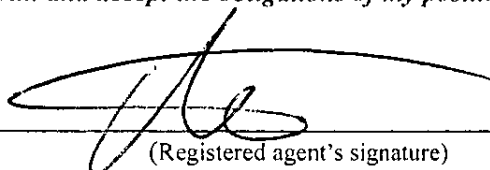
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(City)

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Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Mark Flannery

Address: 550 Chipping Lane
Longboat Key, 34228

Vice President: _____

Address: _____

Secretary: Mark Flannery

Address: 550 Chipping Lane

Treasurer: Longboat Key, 34228


Address: _____

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14. Mark Flannery 

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