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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Eddinoso Zhiti) Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Ma. of the the PC
to ASS P.A.
Special Instructions to Filing Officer: M. W. of give me promssion for Mar P. A. afke the PC. for His Mane

Office Use Only

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SECRETARY OF STATE
TALL AMASSEE, FLORID.

DEC 1 7 2014 S. GILBERT



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 1, 2014

RANDEL B. WING 2638 ANGUILLA DRIVE CAPE CORAL, FL 33991

SUBJECT: RANDEL B. WING D.O.M., P.C.

Ref. Number: W14000071444

We have received your document for RANDEL B. WING D.O.M., P.C. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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: 614A00025233

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: RAMBEL B. WING D.O.M. PC Name of corporation - must include suffix		
Name of corporation - must include suffix		
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Flor "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register to above referenced foreign corporation to transact business in Florida.		
Please return all correspondence concerning this matter to the following:		
RAMDEL B. WING		
Name of Person		
CAMDEL B. WIHL DOM PC Firm/Company	 .	
Firm/Company 2638 Anguila Dr Address		
Address		
CAPE CORQL FLORING 33991 City/State and Zip code		
/ City/State and Zip code		
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:		
ANDEL B. WIME at (719) 290-1741		
Name of Person at (719) 290-1741 Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: MAILING ADDRESS:		
New Filing Section New Filing Section Division of Comparations		
Division of Corporations Division of Corporations		

Enclosed is a check for the following amount:

2661 Executive Center Circle

Tallahassee, FL 32301

Clifton Building

\$70.00 Filing Fee

□ \$78.75 Filing Fee & Certificate of Status

□ \$78.75 Filing Fee & Certified Copy

P.O. Box 6327

Tallahassee, FL 32314

\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FOR	PEIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
(Enter name of co	DEL B. WING D.O.M., P.C., P.A. proporation, must include "INCORPÓRATED," "COMPANY," "CORPORATION," prp," "Inc," "Co," or "Corp.")
(If name unavaila	ble in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2 Colora	vander the law of which it is incorporated) (FEI number, if applicable)
(State or country	under the law of which it is incorporated) (FEI number, if applicable)
4. <u>Tui</u>	of incorporation) 5.
(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. 2638	Anguilla Dr. Caps Corgi FL. 33991 (Principal office address)
	(Timespan office address)
SAME	(Current mailing address)
8. Name and stree	RAMOSI B. WING ARS COROL Florida (City) AND SIDE (P.O. Box NOT acceptable) AND SIDE (P.O. Box NOT acceptable)
Name:	RAMORI B. WING
Office Address:	2638 Anguilk Dr. (Ars Cora , Florida 33991 City) (City) (Zip code)
	(City) (Florida 3399) (City) (Zin code)
	(City) (Zip code)
9. Registered ago	
	ed as registered agent and to accept service of process for the above stated corporation at the place application, I hereby accept the appointment as registered agent and agree to act in this capacity.
	omply with the provisions of all statutes relative to the proper and complete performance of my
duties, and I am f	amiliar with and accept the obligations of my position as registered agent.
	,
	- True
_	(Registered agent's signature)
10 Attachedies	partificate of aviatance duly outhorizated not more than 10 days prior to delivery of this application
	certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS B. WIN'T RAMOSC coral Floriba 33991 Vice Chairman: __ Address: Director: _ Address: __ Director: **B. OFFICERS** President: Address: ____ Vice President: Treasurer: ______ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. PRESIDENT

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

