# F1500001797

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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W15-27146



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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 17, 2015

AUDREY L. HAISFIELD 800 SW 85TH AVE. OCALA, FL 33481

SUBJECT: LANREAL, INC. Ref. Number: W15000027146

We have received your document for LANREAL, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

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.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 115A00007766

## **COVER LETTER**

	=				
SUBJECT:			corporatio	n - must include suffix	
Dear Sir or M	ladam:				
"Certificate of	of Existence,'	or "Certificate o	f Good Sta	nding" and check are sul	
Please return	all correspor	ndence concerning	g this matte	er to the following:	
Audrey	Address FL 34481  City/State and Zip code  E-mail address: (to be used for future annual report notification)  information concerning this matter, please call:  / L Haisfield  City/State and Zip code  Area Code & Daytime Telephone Number   MAILING ADDRESS: W Filing Section ision of Corporations  Madam:  Name of corporation - must include suffix  Name of corporation to Transact Business in Florida,  Transact Business in Florida.  T				
	Division of Corporations  BJECT: LANREAL INC  Name of corporation - must include suffix  ar Sir or Madam:  e enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," etrificate of Existence," or "Certificate of Good Standing" and check are submitted to register the over referenced foreign corporation to transact business in Florida.  asse return all correspondence concerning this matter to the following:  udrey L Haisfield  Name of Person  Firm/Company  OO SW 85th Ave  Address  cala, FL 34481  City/State and Zip code  nais826@aol.com  E-mail address: (to be used for future annual report notification)  further information concerning this matter, please call:  udrey L Haisfield  Name of Person  Area Code & Daytime Telephone Number  STREET/COURIER ADDRESS:  New Filling Section  MAILING ADDRESS:  New Filling Section				
			F:/C		
800 SW	/ 85th A	ve	rim/Con	npany	
		Name of corporation - must include suffix  Idam:  Name of corporation - must include suffix  Application by Foreign Corporation for Authorization to Transact Business in Florida," Existence," or "Certificate of Good Standing" and check are submitted to register the ed foreign corporation to transact business in Florida.  Il correspondence concerning this matter to the following:  Haisfield  Name of Person  Firm/Company  85th Ave  Address  L 34481  City/State and Zip code  aol.com  E-mail address: (to be used for future annual report notification)  commation concerning this matter, please call:  Haisfield  of Person  Area Code & Daytime Telephone Number  ET/COURIER ADDRESS:  New Filing Section Division of Corporations Building Secution F.O. Box 6327 Tallahassee, FL 32314  heck for the following amount:			
Ocala, l	Ocala, FL 34481				
<del></del>		(	City/State a	and Zip code	
ahais826	∂@aol.co				
		E-mail address: (	to be used	for future annual report	notification)
For further in	formation co	ncerning this mat	ter, please	call:	
Audrev	L Haisfi	eld .	.352	620-0902	
<del></del>		at	Area	Code & Daytime Teleph	one Number
New Divis Clifto 2661	Filing Sectio ion of Corpo on Building Executive Co	n rations enter Circle		New Filing Se Division of Co P.O. Box 632	ection orporations 7
Enclosed is a	check for the	following amour	ıt:		
■ \$70.00 Fil	ing Fee C	3 \$78.75 Filing F Certificate of S		\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certificate of Status &

## 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.

(If name unavails		me adopted for the purpose of transacting busines		
PA		3. <u>23-288 115                                 </u>	<u>88115</u>	
(State or countr 01/07/19	y under the law of which it is incorporated)	(FEI number, if applicable) Perpetual		
•	of incorporation)	(Duration: Year corp. will cease to exist or	'perpetual")	
March 1,	2015			
		ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)		
800 SW 8		7.1302, 1.5., to determine penanty machiney)		
	(Principal office a	address)	<del></del>	
Ocala, FL		,		
······································	(Current mailing a	address)		
Name and street	et address of Florida registered agent: (	P.O. Box NOT acceptable)	<b>5</b>	
Name:	Audrey Haisfield		APR	
ffice Address:	800 SW 85th Ave		15 APR 27	
	Ocala, FL	, Florida 34481	AH 10: 5	
	(City)	(Zip code)	بي	
	ent's accentance		-	
Registered ago	_	ervice of process for the above stated corpor		
aving been nam				
signated in this	application, I hereby accept the appoint	intment as registered agent and agree to act es relative to the proper and complete perfo		

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Audrey L Haisfield Address: Same Vice Chairman: Audrey L Haisfield Address: Same Director: Address: **B. OFFICERS** President: Audrey L Haisfield Address: Same Vice President: Audrey L Haisfield Address: Same Secretary: \_ Address: Treasurer: Audrey L Haisfield Address: Same 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. 13. Audrey Haisfield President

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

**APRIL 23, 2015** 

15 APR 27 AM 10: 57

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

### LANREAL, INC.

is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

**Acting Secretary of the Commonwealth** 

Redus a. Contés

Certification Number: 12589285-1

Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp