

F/15000002618

(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



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05/18/15--01013--012 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUN 16 PM 12:12

W15 - 35684

05/20/15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 JUN 16 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 20, 2015

ROGER L. AKEY
693 LAKE STONE CIRCLE
PONTE VEDRA BEACH, FL 32082

SUBJECT: ALLERGY TREATMENT SYSTEMS, INC.
Ref. Number: W15000035684

We have received your document for ALLERGY TREATMENT SYSTEMS, 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):

The date first transacted business in Florida within the meaning of s. 607.1501 or 605.0905, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4) or 605.0904(7), F.S., this office is required to collect a civil penalty of \$1,000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

The document must contain both the street address of the principal office and the mailing address of the entity.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The document number of the name conflict is P13000060326 (ALLERGY TREATMENT SYSTEMS, INC.).

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: 915A00010618

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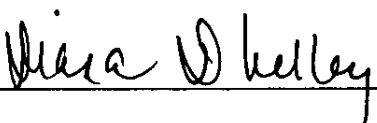
To: Florida Department of State
Division of Corporations

Subject: Allergy Treatment Systems, Inc. P13000060326

My name is Diana D. Kelley. I am a shareholder and Corporate Secretary of the aforementioned corporation which was voluntarily dissolved upon April 30, 2015.

There is no intention of revoking the dissolution. The name may be used by another company.

Signed this the day of June, 2015.




Diana D. Kelley

39 Solana Road


Ponte Vedra Beach, FL 32082

SWORN TO AND EXECUTED BEFORE ME, THE UNDERSIGNED NOTARY PUBLIC ON THIS
THE DAY OF JUNE, 2015.

State of FL County of Duval
Subscribed and sworn before me on 06/10/2015
(Date)

(Notary Signature)



My Commission expires: 11/10/2018


Patrick Luis Foster
Notary Public
State of Florida
My Commission Expires 11/10/2018
Commission No. FF 176894

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ALLERGY TREATMENT SYSTEMS, 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:

ROGER L. AKEY

Name of Person

CORPORATE SECRETARY, ALLERGY TREATMENT SYSTEMS, INC.

Firm/Company

693 LAKE STONE CIRCLE

Address

PONTE VEDRA BEACH, FLORIDA 32082

City/State and Zip code

roger.akey@comcast.net

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

For further information concerning this matter, please call:

Roger L. Akey

Name of Person

at (904) 868-6866

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:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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. ALLERGY TREATMENT SYSTEMS, 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. NEVADA

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

3. 35-2529770

(FEI number, if applicable)

4. MARCH 30, 2015

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4916 SW 9TH PLACE, CAPE CORAL, FLORIDA 33914

(Principal office address)

P.O. BOX 100730, CAPE CORAL, FLORIDA 33910

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **ROGER L. AKEY**

Office Address: **693 LAKE STONE CIRCLE**

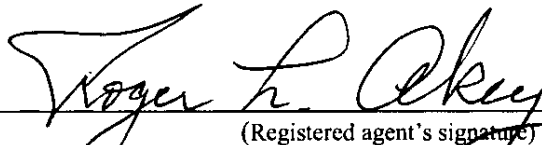
PONTE VEDRA BEACH, Florida **32082**

(City)

(Zip code)

9. 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)

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.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

A. DIRECTORS

Chairman: Peter Lewin

Address: 340 Ponte Vedra Blvd.
Ponte Vedra Beach, Florida 32082

Vice Chairman: Diana D. Kelley

Address: 39 Solano Road
Ponte Vedra Beach, Florida 32082

Director: Brian Bulaw

Address: 3804 Country Oak Court
Plano, Texas 75093

Director: Tim Clinton

Address: 4800 North Federal Highway
Boca Roton, Florida 33431

B. OFFICERS

President: Kevin Garrity

Address: 4916 SW 9th Place
Cape Coral, Florida 33914

Vice President: Diana D. Kelley

Address: 39 Solano Road
Ponte Vedra Beach, Florida 32082

Secretary: Roger L. Akey

Address: 693 Lake Stone Circle, Ponte Vedra Beach, Florida 32082

Treasurer: Victoria Johnston

Address: P.O. Box 100730, Cape Coral, Florida 33910

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

12. 

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. ROGER L. AKEY, Corporate Secretary

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

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ADDENDUM TO
LIST OF DIRECTORS

CLIFF CARROLL

4800 NORTH FEDERAL HIGHWAY

BOCA ROTON, FLORIDA 33431

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DIVISION OF CORPORATIONS

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ALLERGY TREATMENT SYSTEMS, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 30, 2015, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 30, 2015.

A handwritten signature in cursive script that reads "Barbara K. Cegavske".

BARBARA K. CEGAVSKE
Secretary of State



Electronic Certificate
Certificate Number: C20150330-3490
You may verify this electronic certificate
online at <http://www.nvsos.gov/>