

F15000004935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

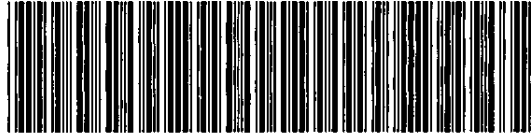
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

647 W15-71915

Office Use Only



800278594898

10/29/15--01012--005 **87.50

FILED
15 OCT 29 PM 5:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 09 2015

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 NOV -9 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 30, 2015

JOEI VOGT
179 HONEYSUCKLE ROAD STE 1
DOTHAN, AL 36305

SUBJECT: J. MICHAEL LEE & ASSOCIATES, INC.
Ref. Number: W15000071915

We have received your document for J. MICHAEL LEE & ASSOCIATES, INC. and your check(s) totaling \$87.50. 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 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) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 515A00023033

FILED
15 OCT 29 PM 5:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations
J. Michael Lee & Associates, Inc.

SUBJECT: _____
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:
Joel Vogt

Name of Person
J. Michael Lee & Associates, Inc.

Firm/Company
179 Honeysuckle Road, Suite 1

Address
Dothan, Alabama 36305

City/State and Zip code
joei@jmlarchitecture.com

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

For further information concerning this matter, please call:

Joel Vogt 334 7924726

Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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

FILED
15 OCT 29 PM 5:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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.*

J. Michael Lee & Associates, Inc.

1. _____
(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)
Alabama 63-1265266

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
January 11, 2001

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. Upon registration
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
179 Honeysuckle Road, Suite 1, Dothan, Alabama 36305

7. _____
(Principal office address)

(Current mailing address, if different)

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

InCorp Services, Inc.

Name: _____
17888 67th Court N

Office Address: _____
Loxahatchee

33470

_____, Florida _____
(City) (Zip code)

FILED
15 OCT 29 PM 5
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Joel Wheelless Vogt

Address: 179 Honeysuckle Road, Suite 1, Dothan, Alabama 36305

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Joel Wheelless Vogt

Address: 179 Honeysuckle Road, Suite 1, Dothan, Alabama 36305

Address: _____

Vice President: Chad M. Brown

Address: 179 Honeysuckle Road, Suite 1, Dothan, Alabama 36305

Address: _____


Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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 11 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. Joel Wheelless Vogt, President

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

FILED
15 OCT 29 PM 5 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that J. Michael Lee & Associates, Inc. was formed in Houston County, Alabama on January 11, 2001. The Alabama Entity Identification number for this entity is 214-180. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

FILED
15 OCT 29 PM 5:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



20151105000020058

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

11/5/2015

Date

J. H. Merrill

John H. Merrill

Secretary of State