

**F1500000505**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

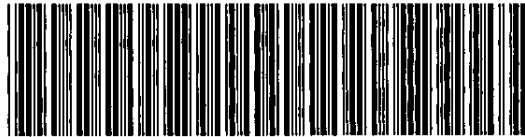
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**500278965425**

11/13/15--01007--010 \*\*105.00

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15 NOV 13 PM 3:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 16 2015  
S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Darden Consulting Corp.  
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:

Jeffrey S. Perlow  
Name of Person

Firm/Company

5425 Park Central Court

Address

Naples, Florida 34109

City/State and Zip code

jeff@perlowlaw.com

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Diane Conrad

Name of Person

at ( 239 )

Area Code

947-1284

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, 2 Certificate of Status & 2 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. Darden Consulting Corp.  
(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 3. 20-1804519  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. August 22, 1995 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
*C/o Tax Savers of Amer.* (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3465 Bonita Beach Rd., Suite 12, Bonita Springs, Fl. 34134  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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

Name: Jeffrey S. Perlow

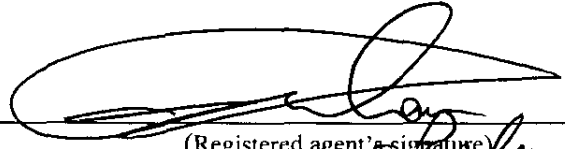
Office Address: 5425 Park Central Court

Naples, Florida 34109  
(City) (Zip code)

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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: Diane Conrad

Address: 3465 Bonita Beach Rd, Suite 12  
Bonita Springs, FL. 34133

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Diane Conrad

Address: (same as above)

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Diane Conrad

Address: (same as above)

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Diane Conrad

Address: (same as above)

Treasurer: Diane Conrad

Address: (same as above)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

12. \_\_\_\_\_

Signature of Director or Officer

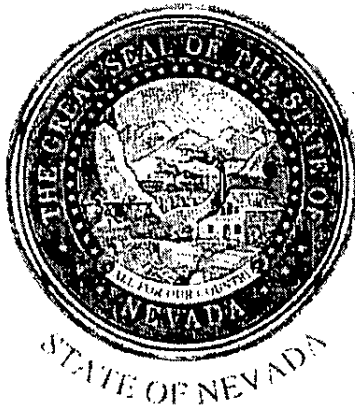
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. DIANE CONRAD PERSONAL REPRESENTATIVE FOR

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

THE ESTATE OF WILLIAM SOMERS

# SECRETARY OF STATE



## NEVADA STATE BUSINESS LICENSE

**DARDEN CONSULTING CORP.**

Nevada Business Identification # NV19951114313

**Expiration Date: August 31, 2016**

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 21, 2015

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE  
Secretary of State

**You may verify this license at [www.nvsos.gov](http://www.nvsos.gov) under the Nevada Business Search.**

License must be cancelled on or before its expiration date if business activity ceases.  
Failure to do so will result in late fees or penalties which by law cannot be waived.

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15 NOV 13 PM 3:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



BARBARA K. CEGAVSKE  
Secretary of State  
202 North Carson Street  
Carson City, Nevada 89701-4201  
(775) 684-6708  
Website: www.nvsos.gov



\*181004\*

## Statement of Change of Registered Agent by Represented Entity

(PURSUANT TO NRS 77.340)

This form may be submitted by: the Represented Entity to appoint a new Registered Agent or amend own service of process info. For more information please visit <http://www.nvsos.gov/index.aspx?page=141>

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Filed in the office of <i>Barbara K. Cegavske</i> Barbara K. Cegavske Secretary of State State of Nevada	Document Number <b>20150462171-79</b> Filing Date and Time <b>10/19/2015 8:34 AM</b> Entity Number <b>C13271-1995</b>
--	--

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Represented Entity:

Darden Consulting Corp.

2. Entity File Number: **C13271-1995**

3. This statement of change will have the following effect: (check only one)

- ☐ Appoints a new agent for service of process (complete 4a or 4b)  
☐ Updates contact information of the Represented Entity acting as own agent (complete 4c)

4. Information in effect upon the filing of this statement: (complete only one section)

a) Commercial Registered Agent:

**American Corporate Enterprises, Inc.**

Name

b) Noncommercial Registered Agent:

Name

Street Address

City

Nevada

Zip Code

Mailing Address (if different from street address)

City

Nevada

Zip Code

c) Title of Office or Other Position within Represented Entity:

Name of Title or Position

Street Address

City

Nevada

Zip Code

Mailing Address (if different from street address)

City

Nevada

Zip Code

5. Signature of Represented Entity: (required)

**X**

Authorized Signature

October 17, 2015

Date

6. Registered Agent Acceptance: (required)

I hereby accept appointment as Registered Agent for the above named Entity.

**X**

Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity

Date

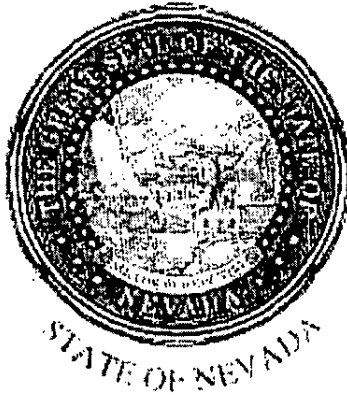
FEE: \$60.00

This form must be accompanied by appropriate fees.

Nevada Secretary of State Form RA Change by Entity  
Revised: 1-5-15

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# SECRETARY OF STATE



## 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, **DARDEN CONSULTING CORP.**, 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 August 22, 1995, 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 October 21, 2015.

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE  
Secretary of State



Certified By: A Frieser  
Certificate Number: C20151020-1901  
You may verify this certificate  
online at <http://www.nvsos.gov/>

15 NOV 13 PM 3:29

FILED

STATE OF NEVADA

**BARBARA K. CEGAVSKE**  
Secretary of State

**JEFFERY LANDERFELT**  
Deputy Secretary  
for Commercial Recordings



OFFICE OF THE  
SECRETARY OF STATE

**Commercial Recordings Division**  
202 N. Carson Street  
Carson City, NV 89701-4201  
Telephone (775) 684-5708  
Fax (775) 684-7138

AMERICAN CORPORATE ENTERPRISES, INC.  
123 WEST NYE LN STE 129  
CARSON CITY, NV 89706

**Job: C20151020-1901**  
October 21, 2015

**Special Handling Instructions:**  
10-21-15 FSC/REVIVAL/BL/EMAIL/ALF

**Charges**

Description	Document Number	Filing Date/Time	Qty	Price	Amount
Business License Late Fee 8/2015-8/2016	20150462174-02	10/19/2015 8:34:03 AM	6	\$100.00	\$600.00
Cert of Existence (good standing - short form)	20150462174-02	10/19/2015 8:34:03 AM	1	\$50.00	\$50.00
Revival	20150462169-36	10/19/2015 8:34:03 AM	1	\$300.00	\$300.00
Acceptance of Registered Agent	20150462171-79	10/19/2015 8:34:03 AM	1	\$60.00	\$60.00
Annual List	20150462169-36	10/19/2015 8:34:03 AM	7	\$150.00	\$1,050.00
Late Fee	20150462169-36	10/19/2015 8:34:03 AM	7	\$75.00	\$525.00
New Filing Fee	20150462169-36	10/19/2015 8:34:03 AM	1	\$75.00	\$75.00
Business License 8/2015-8/2016	20150462174-02	10/19/2015 8:34:03 AM	6	\$500.00	\$3,000.00
Total					\$5,660.00

**Payments**

Type	Description	Amount
Credit	02113R115102197785342	\$5,660.00
Total		\$5,660.00

**Credit Balance: \$0.00**

**Job Contents:**

File Stamped Copy(s): 3  
Business License(s): 1  
Certificate of Good Standing Short(s): 1

AMERICAN CORPORATE ENTERPRISES, INC.  
123 WEST NYE LN STE 129  
CARSON CITY, NV 89706

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15 NOV 13 PM 3:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA





\*170104\*



BARBARA K. CEGAVSKE  
Secretary of State  
202 North Carson Street  
Carson City, Nevada 89701-4201  
(775) 684-5708  
Website: www.nvsos.gov

**Certificate of Revival**  
(PURSUANT TO NRS 78.730 AND 81.010)  
**Page 1**

Filed in the office of <i>Barbara K. Cegavske</i>	Document Number <b>20150462169-36</b>
Barbara K. Cegavske Secretary of State State of Nevada	Filing Date and Time <b>10/19/2015 8:34 AM</b>
	Entity Number <b>C13271-1995</b>

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

**Certificate of Revival for a Nevada Corporation**  
(For Corporations Governed by  
NRS 78.730 and 81.010)

1. Name of corporation:

Darden Consulting Corp.

2. Registered Agent for service of process: (check only one box)

☒ Commercial Registered Agent: American Corporate Enterprises, Inc.  
Name

☐ Noncommercial Registered Agent  
(name and address below)

☐ Office or Position with Entity  
(name and address below)

Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity

Street Address City NEVADA Zip Code

Mailing Address (if different from street address) City NEVADA Zip Code

3. Date when revival of charter is to commence or be effective, which may be before the date of the certificate:

August 31, 2009  
(month, day, year)

4. Indicate whether or not the revival is to be perpetual, and, if not perpetual, the time for which the revival is to continue. The corporation's existence shall be:

PERPETUAL or  
(Time for which the revival is to continue)

This form must be accompanied by appropriate fees.

Nevada Secretary of State 78.730 and 81.010 Revival Page 1  
Revised: 1-5-15

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SECRETARY OF STATE  
TREASURER  
CLERK



BARBARA K. CEGAUSKE  
Secretary of State  
202 North Carson Street  
Carson City, Nevada 89701-4201  
(775) 684-8708  
Website: www.nvsos.gov

**Certificate of Revival**  
(PURSUANT TO NRS 78.730 AND 81.010)  
**Page 2**

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

5. Names and addresses of President, Secretary, Treasurer and Directors: (additional pages may be attached as necessary)

Diane Conrad as Personal Representative of the Estate of William Somers  
Name of President or equivalent

123 W. Nye Lane, Ste 129 Carson City NV 89706  
Address City State Zip Code

Diane Conrad as Personal Representative of the Estate of William Somers  
Name of Secretary or equivalent

(Same as Above) City State Zip Code

Diane Conrad as Personal Representative of the Estate of William Somers  
Name of Treasurer or equivalent

(Same as Above) City State Zip Code

Diane Conrad as Personal Representative of the Estate of William Somers  
Name of Director

(Same as Above) City State Zip Code

Diane Conrad as Personal Representative of the Estate of William Somers  
Name of Director

(Same as Above) City State Zip Code

This form must be accompanied by appropriate fees

Nevada Secretary of State 78.730 and 81.010 Revival Page 2  
Revised: 1-5-18

FILED

13-PM 2-30



BARBARA K. CEGAVSKE  
Secretary of State  
202 North Carson Street  
Carson City, Nevada 89701-4201  
(775) 684-5708  
Website: www.nvsos.gov

**Certificate of Revival**  
(PURSUANT TO NRS 78.730 AND 81.010)  
**Page 3**

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

6. The undersigned declare that the corporation desires to revive its corporate charter and is, or has been, organized and carrying on the business authorized by its existing or original charter and amendments thereto, and desires to continue through revival its existence pursuant to and subject to the provisions of Chapters 78 and/or 81.

7. Check one:

☒ The undersigned declare that they have obtained written consent of the stockholders of the corporation holding at least a majority of the voting power and that this consent was secured furthermore, that they are the person(s) designated or appointed by the stockholders of the corporation to revive the corporation.

☐ The undersigned declare that they are the person(s) who have been designated by a majority of the directors in office to sign this certificate and that no stock has been issued. Membership approval not required under NRS 81.010(2).

I declare under the penalty of perjury that the revival has been authorized by a court of competent jurisdiction or by the duly elected board of directors of the entity or if the entity has no board of directors, its equivalent of such board.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X *William Somers* PRESIDENT 10/17/15  
Signature PERSONAL REPRESENTATIVE Title  
ESTATE OF WILLIAM SOMERS

X \_\_\_\_\_  
Signature Title

**A REGISTERED AGENT ACCEPTANCE MUST ACCOMPANY THIS CERTIFICATE**

**IMPORTANT:** Failure to include any of the above information and submit with the proper fees may cause this filing to be rejected.

This form must be accompanied by appropriate fees.

Nevada Secretary of State 78.730 and 81.010 Revival Page 3  
Revised: 1-5-15

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15 NOV 13 PM 3:30  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

(PROFIT) INITIAL/ANNUAL LIST OF OFFICERS, DIRECTORS AND STATE BUSINESS  
LICENSE APPLICATION OF:

ENTITY NUMBER

Darden Consulting Corp.  
NAME OF CORPORATION

FOR THE FILING PERIOD OF August 2009 TO August 2015



\*100103\*

USE BLACK INK ONLY - DO NOT HIGHLIGHT

\*\*YOU MAY FILE THIS FORM ONLINE AT [www.nvsilverflume.gov](http://www.nvsilverflume.gov)\*\*

☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

**IMPORTANT:** Read instructions before completing and returning this form.

1. Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An Officer must sign the form. FORM WILL BE RETURNED IF UNSIGNED.

2. If there are additional officers, attach a list of them to this form.

3. Return the completed form with the filing fee. Annual list fee is based upon the current total authorized stock as explained in the Annual List Fee Schedule For Profit Corporations. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.

4. State business license fee is \$600.00/\$200.00 for Professional Corporations filed pursuant to NRS Chapter 69. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.

5. Make your check payable to the Secretary of State.

6. **Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.

7. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-6708.

8. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

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FILED  
MAY 13 2015  
SECRET  
ALL  
RECEIVED

CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW

☐ Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code:

NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.

NRS 76.020 Exemption Codes

001 - Governmental Entity  
005 - Motion Picture Company  
006 - NRS 680B.020 Insurance Co.

☐ This corporation is a publicly traded corporation. The Central Index Key number is:

☐ This publicly traded corporation is not required to have a Central Index Key number.

NAME	TITLE(S)	CITY	STATE	ZIP CODE
Diane Conrad c/o American Corp Enterprises, Inc.	PRESIDENT (OR EQUIVALENT OF)	Carson City	NV	89706
Diane Conrad c/o American Corp Enterprises, Inc.	SECRETARY (OR EQUIVALENT OF)	Carson City	NV	89706
Diane Conrad c/o American Corp Enterprises, Inc.	TREASURER (OR EQUIVALENT OF)	Carson City	NV	89706
Diane Conrad c/o American Corp Enterprises, Inc.	DIRECTOR	Carson City	NV	89706

None of the officers or directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category D felony to knowingly enter any false or forged instrument for filing in the Office of the Secretary of State.

X Title President Date October 17, 2015

Signature of Officer or Other Authorized Signature AS PERSONAL REPRESENTATIVE OF THE ESTATE OF WILLIAM SOMERS Nevada Secretary of State List Profit Revised: 7-1-15