

F15000005691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

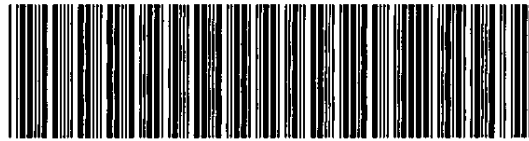
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600280211076

12/28/15--01028--018 **78.75

RECEIVED

FILED

15 DEC 28 PM 4:14 15 DEC 28 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 29 2015

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Food Allergy Dietitian, 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:

Lisa Musician
Name of Person
Food Allergy Dietitian, Inc.
Firm/Company
15731 Fish Hawk Falls Drive
Address
Lithia, FL 33547
City/State and Zip code
lisabill@ptd.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Musician at (813) 571-0462
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

**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. Food Allergy Dietitian, 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. Pennsylvania 3. 462242440
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4/1/2013 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 15731 Fish Hawk Falls Drive, Lithia, FL 33547
(Principal office address)

(Current mailing address, if different)

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

Name: Lisa Musician

Office Address: 15731 Fish Hawk Falls Drive
Lithia, Florida 33547
(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.

Lisa Musician
(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.

FILED
15 DEC 28 PM 3:00
DEPT. OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Lisa Musician

Address: 15731 Fish Hawk Falls Dr.

Lithia, FL 33547

Vice President: Cory Musician

Address: 414 Wheeler Rd.

West Henrietta, NY 14586

Secretary: Lisa Musician

Address: 15731 Fish Hawk Falls Dr., Lithia, FL 33547

Treasurer: Cory Musician

Address: 414 Wheeler Rd., West Henrietta, NY 14586

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

12. Lisa Musician

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. Lisa Musician

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

RECEIVED
15 DEC 28 PM 3:00
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

12/17/2015

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Food Allergy Dietitian Inc

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting 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

Pedro A. Contes
Secretary of the Commonwealth

Certification Number: TSC151217151318-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify.aspx>