

F16000000732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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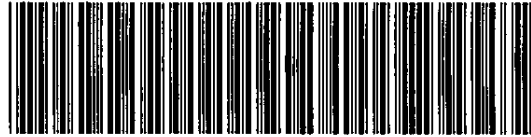
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 FEB 16 PM 4:53
TAMPA, FLORIDA

FEB 18 2016
Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Emerald Coast Fitness and Wellness Retreat, 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:

Patrick G. Noel

Name of Person

Justice, Noel & Burks

Firm/Company

1816 W. Clinch Ave.

Address

Knoxville, TN 37916

City/State and Zip code

pgnoel@jnblawfirm.com

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

For further information concerning this matter, please call:

Patrick G. Noel

865 522-4964
at ()

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. Emerald Coast Fitness and Wellness Retreat, 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. Tennessee 3. 81-1096361
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/04/2016 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 5709 Lyons View Pike, #4305, Knoxville, TN 37919
(Principal office address)

(Current mailing address, if different)

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

Name: Julie Morgan

Office Address: 1945 Shannon Road

Navarre, Florida 32563
(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.

Julie Morgan
(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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Lanie Noel and Julie Morgan

Address: Lanie Noel: 5709 Lyons View Pike, # 4305, Knoxville, TN 37916

Julie Morgan: 1945 Shannon Road, Navarre, FL 32563

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: Co-President Lanie Noel and Co-President Julie Morgan

Address: Lanie Noel: 5709 Lyons View Pike, # 4305, Knoxville, TN 37916

Julie Morgan: 1945 Shannon Road, Navarre, FL 32563

Vice President:

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. Lanie Noel, Co-President

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

RECEIVED
16 FEB 16 PM 4:53
DEPT OF STATE
FLORIDA



STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

LANIE NOEL
APT 4305
5709 LYONS VIEW PIKE
KNOXVILLE, TN 37919

January 8, 2016

Request Type: Certificate of Existence/Authorization
Request #: 0189977

Issuance Date: 01/08/2016
Copies Requested: 1

Document Receipt

Receipt #: 002378382

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3660854655

\$20.00

Regarding: Emerald Coast Fitness and Wellness Retreat, Inc.

Filing Type: For-profit Corporation - Domestic

Control #: 827494

Formation/Qualification Date: 01/04/2016

Date Formed: 01/04/2016

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: KNOX COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Emerald Coast Fitness and Wellness Retreat, Inc.

* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

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