

File 00 0001760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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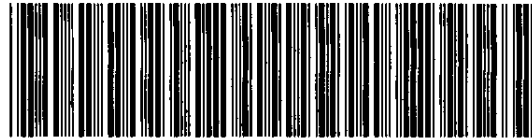
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/14/16--01019--002 **70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 15 2016
J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations
Dr Larry 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:
Larry Levinson

_____	Name of Person
Dr Larry Inc	
_____	Firm/Company
345 NE 8th Ave	
_____	Address
Delray Beach, FL 33483	
_____	City/State and Zip code
LevinsonLL@aol.com	
_____	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Levinson	315	480-5133
_____	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.*

Dr Larry 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)
New York 46-5435615

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4/21/2014

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
3/1/2016

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
345 NE 8th Ave Delray Beach FL 33483

7. _____
(Principal office address)

(Current mailing address, if different)

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

Name: Lisa Levinson

Office Address: 345 NE 8th Ave

Delray Beach 33483
_____, Florida _____
(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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Lawrence Levinson

Chairman:

345 NE 8th Ave

Address:

Delray Beach FL 33483

Vice Chairman:

Address:

Lisa Levinson

Director:

345 NE 8th Ave

Address:

Delray Beach FL 33483

Keith Blackmore DVM

Director:

3060 Austin Rd

Address:

Clinton NY 13323

B. OFFICERS

Lawrence Levinson

President:

345 NE 8th Ave

Address:

Delray Beach FL 33483

Lisa Levinson

Vice President:

345 NE 8th Ave

Address:

Delray Beach FL 33483

Lisa Levinson

Secretary:

345 NE 8th Ave Delray Beach FL 33483

Address:

Lisa Levinson

Treasurer:

345 NE 8th Ave Delray Beach FL 33483

Address:

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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.

Lisa Levinson

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.

Lisa Levinson Vice President

13.

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

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of DR LARRY INC. was filed on 04/21/2014, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

I further certify that no other documents have been filed by such corporation.



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CLERK OF STATE
TALLAHASSEE, FLORIDA

WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 01st day of April two
thousand and sixteen.

Anthony Scardino

Executive Deputy Secretary of State