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2016 MAY 10 AM 11:37

FLORIDA DEPARTMENT OF STATE
Division of Corporations
TALLAHASSEE, FLORIDA

February 19, 2016

DAN S CRANE
PO BOX 2429
ORLANDO, FL 32802

SUBJECT: DAN CRANE PERSONAL INJURY LAW, P.C.
Ref. Number: W16000012666

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We have received your document for DAN CRANE PERSONAL INJURY LAW, P.C. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law does not provide for the recognition of a foreign professional corporation. An acceptable corporate suffix will need to be added to your entity name for this Department to accept and file your document.

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: 816A00003536

COVER LETTER

TO: Registration Section
Division of Corporations
DAN CRANE PERSONAL INJURY LAW, PC

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:
DAN S. CRANE

Name of Person
DAN CRANE PERSONAL INJURY LAW, PC

| | |
|-------------|--------------|
| PO BOX 2429 | Firm/Company |
|-------------|--------------|

| | |
|------------------------|---------|
| ORLANDO, FL 32802-2429 | Address |
|------------------------|---------|

City/State and Zip code

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

For further information concerning this matter, please call:

DAN CRANE 205 480-7822
_____ 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

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**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.*

DAN CRANE PERSONAL INJURY LAW, Corp.

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 47-3948967

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
MAY 08, 2015

4. _____ 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)

320 NORTH MAGNOLIA AVE. SUITE B-9, ORLANDO, FL 32801

7. _____
(Principal office address)

PO BOX 2429 ORLANDO, FL 32802-2429

(Current mailing address, if different)

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

MIRANDA JACKSON

Name: _____

320 NORTH MAGNOLIA AVE. STE B-9

Office Address: _____

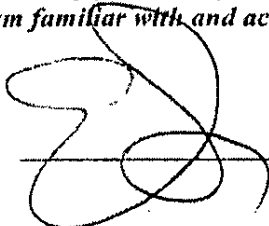
ORLANDO

32801

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: DAN S. CRANE

Address: 208 23RD STREET NORTH

BIRMINGHAM, AL 35203.

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

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. Dan S. Crane

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.

DAN S. CRANE

13. _____

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

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STATE
SECRETARY OF
FLORIDA
16 FEB 16 PM 4:34
TALLAHASSEE

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 Dan Crane Personal Injury Law, P.C. was formed in Jefferson County, Alabama on May 8, 2015. The Alabama Entity Identification number for this entity is 335-621. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

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20160210000016440

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.

2/10/2016

Date

J. H. Merrill

John H. Merrill

Secretary of State