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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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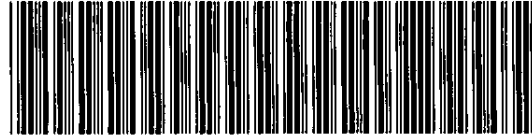
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

13 2016

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DENZER CONSULTING 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:

CHERYL B DENZER

Name of Person

DENZER CONSULTING INC

Firm/Company

2000 VIA ROYALE #2003

Address

JUPITER FL 33458

City/State and Zip code

CHERYLDENZER@COMCAST.NET

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

For further information concerning this matter, please call:

CHERYL DENZER

816

522-7976

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.*

DENZER CONSULTING, 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)

2. KANSAS 3. 20-1834400
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09-23-2004 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 06012016
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2000 VIA ROYALE, #2003, JUPITER, FL 33458
(Principal office address)

(Current mailing address, if different)

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

Name: CHERYL DENZER

Office Address: 2000 VIA ROYALE, #2003
JUPITER, Florida 33458
(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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HALL COUNTY CLERK'S OFFICE, FLORIDA

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

A. DIRECTORS

Chairman: CHERYL DENZER

Address: 2000 VIA ROYALE, #2003
JUPITER, FL 33458

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: CHERYL DENZER

Address: 2000 VIA ROYALE, #2003
JUPITER, FL 33458

Vice President:

Address:

Secretary: CHERYL DENZER

Address: 2000 VIA ROYALE, #2003, JUPITER, FL 33458

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. CHERYL DENZER, PRESIDENT

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

FILED
16 JUL 11 AM 11:22
TALLAHASSEE, FLORIDA

**STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
KRIS W. KOBACH**

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 3674066

Entity Name: DENZER CONSULTING, INC.

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

Resident Agent: CHERYL B DENZER

Registered Office: 4708 W 120TH STREET, OVERLAND PARK, KS 66209

was filed in this office on September 23, 2004, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of July 07, 2016

**KRIS W. KOBACH
SECRETARY OF STATE**

Certificate ID: 823906 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.