

F17000001892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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W17-27503 cwo

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FILED
2017 APR 26 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

APR 27 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 11, 2017

EDILANE C PIEDRA
FOUR SEASONS LASER CENTER INC
200 W PALMETTO PK RD.
BOCA RATON, FL 33432

SUBJECT: FOUR SEASONS LASER CENTER INC
Ref. Number: W17000027503

We have received your document for FOUR SEASONS LASER CENTER INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 517A00006956

COVER LETTER

TO: Registration Section
Division of Corporations
Four Seasons Laser Center Inc

SUBJECT: FOUR SEASONS LASER CENTER 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:

Name of Person
Edilane C. Piedra
Firm/Company
Four Seasons Laser Center Inc
Address
200 W Palmetto PK Rd., Boca Raton, FL 33432
City/State and Zip code
EDILANE@FOURSEASONSLASERCENTER.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Serio Avraham at (561) 419-0022
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

VS

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. Four Seasons Laser Center Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- 4Seasons Laser Center
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 47-3695375
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 4/07/2015 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. 200 W Palmetto PK Rd., Suite 204
(Principal office address)

(Current mailing address, if different)

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

Name: EDILANE C. PIEDRA

Office Address: 18029 OCEAN MIST DR.

BOCA RATON, Florida 33498
(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.

Edilane C. Piedra Edilane C. Piedra
(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

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

A. DIRECTORS

Chairman: Edilane C Piedra

Address: 18629 Ocean Mist Dr

Boca Raton, FL 33498

Vice Chairman: _____

Address: _____

Director: Edilane C. Piedra

Address: 18629 Ocean Mist Dr

Boca Raton, FL 33498

Director: _____

Address: _____

B. OFFICERS

President: Edilane C. Piedra

Address: 18629 Ocean Mist Dr

Boca Raton, FL 33498

Vice President: _____

Address: _____

Secretary: Edilane C. Piedra

Address: 18629 Ocean Mist Dr., Boca Raton FL 33498

Treasurer: Edilane C. Piedra

Address: 18629 Ocean Mist Dr., Boca Raton FL 33498

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. Edilane C. Piedra/President

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

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TALLAHASSEE, FLORIDA

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "FOUR SEASONS LASER CENTER INC." IS
DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN
~~GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE~~
RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF APRIL,
A.D. 2017.

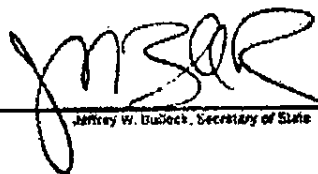
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TALLAHASSEE, FLORIDA



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SR# 20172421093

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 202396640

Date: 04-19-17

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