

F17000002549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

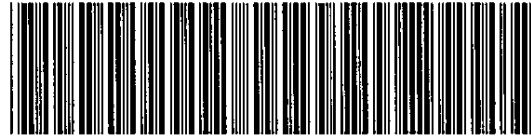
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DIVISION OF CORPORATIONS
17 JUN -5 AM 11:05

M. MILLIGAN
JUN 06 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 22, 2017

LAURIE A. STILLWELL
9646 VIA LAGO WAY
FT. MYERS, FL 33912

SUBJECT: LAURIE A. STILLWELL, CPA, P.C.
Ref. Number: W17000043466

We have received your document for LAURIE A. STILLWELL, CPA, P.C. and your check(s) totaling \$70.00. 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.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Michelle Milligan
Senior Section Administrator

Letter Number: 817A00010255

2017 JUN -5 PM 3:45
SECRET
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations
Laurie A. Stillwell, CPA, P.C., 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:
Laurie A. Stillwell

_____	Name of Person
Laurie A. Stillwell, CPA, P.C., Inc.	
_____	Firm/Company
9646 Via Lago Way	
_____	Address
Fort Myers, FL 33912	
_____	City/State and Zip code
laurie@stillwellecpa.com	
_____	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laurie A. Stillwell	518	584-0109
_____	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:

- | | | | |
|--------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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.*

Laurie A. Stillwell, CPA, P.C., 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

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
01/26/2001 perpetual

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
May 15, 2017

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
9646 Via Lago Way, Fort Myers, FL 33912

7. _____
(Principal office address)

(Current mailing address, if different)

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

Laurie A. Stillwell

Name:

9646 Via Lago Way

Office Address:

Fort Myers

33912

(City)

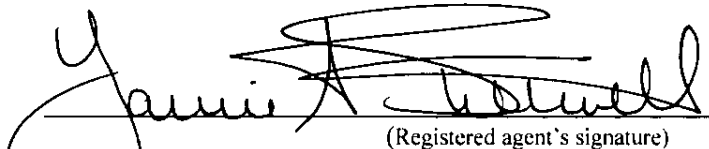
(Zip code)

, Florida

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DIVISION OF CORPORATIONS
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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.

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

A. DIRECTORS

Laurie A. Stillwell, CPA

Chairman:

9646 Via Lago Way

Address:

Fort Myers, FL 33912

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

Laurie A. Stillwell, CPA

President:

9646 Via Lago Way

Address:

Fort Myers, FL 33912

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.

Laurie A. Stillwell owner / President

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

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DIVISION OF CORPORATIONS
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State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of LAURIE A. STILLWELL, CPA, P.C. was filed on 01/26/2001, 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.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 26th day of April two
thousand and seventeen.*

A handwritten signature in black ink, appearing to read "B. Fitzgerald", written over a horizontal line.

*Brendan W. Fitzgerald
Executive Deputy Secretary of State*