

F17000002562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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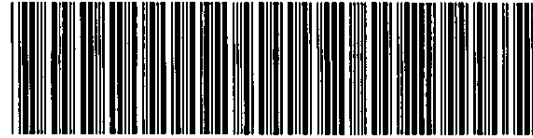
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## Fax Cover Sheet

Date 6-5-17 Number of pages 1 (including cover page)

To:

From:

Name OCTAVIA I SIMMONS

Name DOLORES BROWNE

Company FL DIVISION OF CORP.

Company DESIGN REASONS CORP

Telephone 850 245 6051

Telephone 215 873 0400

Fax 850 245 6030

Comments GOOD STANDING DOC.

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ALLAHASSET FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DESIGN REASONS CORP

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:

DOLORES BROWNE

Name of Person

DESIGN REASONS CORP

Firm/Company

3733 SHORE BLVD.

Address

OLDSMAR - FLORIDA - 34677

City/State and Zip code

drb@tpds.com

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

For further information concerning this matter, please call:

DOLORES BROWNE

Name of Person

at ( 215 )

Area Code

873 0400

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 type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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.

1. DESIGN REASONS CORP.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. PA - USA 3. 30 - 0870600  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 8-19-2009 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. N/A  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 600 CONSHOHOCKEN STATE RD, PENN VALLEY, PA 19072  
(Principal office address)
- \_\_\_\_\_  
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: DOLORES BROWNE
- Office Address: 3733 SHORE BLVD  
OLDSMAR., Florida 34677  
(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.

[Signature]  
(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

CO- Chairman: DOLORES BROWNEAddress: 3733 SHORE BLVDOLDSMAR FL 34677CO- Vice Chairman: ALLEGRA S. ColemanAddress: 600 CONSHOHOCKEN STATE RDPENN VALLEY, PA 19072

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

## B. OFFICERS

CO- President: DOLORES BROWNEAddress: 3733 SHORE BLVDOLDSMAR, FL 34677CO- Vice President: ALLEGRA S. ColemanAddress: 600 CONSHOHOCKEN STATE RDPenn Valley, PA 19072Secretary: ALLEGRA S. ColemanAddress: 600 CONSHOHOCKEN ST. RD. PENN VALLEY PA 19072Treasurer: DOLORES BROWNEAddress: 3733 SHORE BLVD OLDSMAR, FL 34677

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. DOLORES BROWNE

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

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

06/05/2017

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

DesignReasons Corp.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have herunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

*Pedro A. Contes*

Secretary of the Commonwealth

Certification Number: TSC170605110717-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify.aspx>