# F17000003896

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:  NO F9 2 W17-686346  Cerf				

Office Use Only



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08/18/17--01010--004 \*\*78.75



S. WARREN AUG 2 9 2017



August 21, 2017

KAREN SANDS 10150 LAUREN HALL CT ALPHARETTA, GA 30022

SUBJECT: COTTAGE BUSINESS CONSULTANTS, INC

Ref. Number: W17000068636

We have received your document for COTTAGE BUSINESS CONSULTANTS, INC and your check(s) totaling \$78.75. 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.

MISSING PAGE 2 OF APPLICATION, AND NEED CERTIFICATE OF EXISTENCE FROM GA SECRETARY OF STATE, A SCREEN PRINT DOES NOT MEET STATUTORY REQUIREMENTS,

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.

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

Letter Number: 417A00017133

### **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJ	OH Promose Carll I Too				
Dear S	ir or Madam:				
Certif	closed "Application by Foreign Corporation for Authorization to Transact Business in Florida," icate of Existence," or "Certificate of Good Standing" and check are submitted to register the referenced foreign corporation to transact business in Florida.				
Please	return all correspondence concerning this matter to the following:				
Karen Sands					
	Name of Person				
Co Hage Bus Mess Consultants, Inc					
10150 Lauren Hall Ct					
	Address				
	Alpharetta Ga 30022				
	City/State and Zip code				
Karen e Sample Moregreen. Com  E-mail address! (to be used for future annual report notification)					
E-mail address. (to be used for future (nnual report notification)					
For further information concerning this matter, please call:					
Karu O Donds at (130) 579-1868  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				
. 1	ed is a check for the following amount:  .00 Filing Fee & S78.75 Filing Fee & Certificate of Status Certified Copy  Certified Copy  S78.75 Filing Fee & Certified Copy				

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA ST REGISTER A FOREIGN CORPORATION TO TRANSACT I	TATUTES, THE FOLLOWING IS SUBMITTED TO BUSINESS IN THE STATE OF FLORIDA.
1. CHAGE BUSINESS COY.  (Enter name of corporation; must include "INCORPORATED," "Inc.," "Co.," "Corp., "Inc.," "Co.," or "Corp.")	SULTAIS TOC "COMPANY," "CORPORATION,"
(If name unavailable in Florida, enter alternate corporate name at 2. Fulton Ct. Cd. 3.  (State or country under the law of which it is incorporated)	(FEI number, if applicable)
4. (Date of incorporation) 5.	(Date of duration, if other than perpetual)
6(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 602, F.S., to determine penalty liability)  H. A. Laretta Ga 32022
(Princip	ng address, if different)
8. Name and <u>street address</u> of Florida registered agent: (7.0)  Name: <u>KAREN A. SUNAS</u> Office Address: <u>I 70 / Country Class</u>	D. Box NOT acceptable)  AUG 28 PH 12  AUG 17 AUG 28 PH 12
(City)	
9. Registered agent's acceptance: Having been named as registered agent and to accept servi designated in this application, I hereby accept the appointn further agree to comply with the provisions of all statutes r duties, and I am familiar with and accept the obligations of	nent as registered agent and agree to act in this capacity. I elative to the proper and complete performance of my
Ka	re a Donds
(Registered a	igent'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. DIRI	ECTORS	
Chairman	Karen A Sands	
Address:	10150 Lauren Hall Court	
	Alpharetta GA 30022	
Vice Chai	Paul A Sands	
Address:	10150 Lauren Hall Court	
	Alpharetta GA 30022	
Director:	Karen A Sands	
Address:	10150 Lauren Hall Court	
	Alpharetta GA 30022	7
Director:	Paul A Sands	· · · · · · · · · · · · · · · · · · ·
Address:	10150 Lauren Hall Court	8 P
	Alpharetta Ga 30022	15 - 15 · 15
B. OFF	ICERS	5 <u>1</u>
President:	Karen A Sands	
Address:	10150 Lauren Hall Court	
ridaress.	Alpharetta GA 30022	
Vice Pres	Paul A Sands	
Address:	10150 Lauren Hall Court	
riddicos.	Alpharetta Ga 30022	
Secretary	Jennifer Sands	
Address:	10150 Lauren Hall Court Alpharetta GA 30022	
Treasurer	Natalie Sands	
	1201 Northstar Ct Auburn, AL 36832	
	If necessary, you may attach an addendum to the application listing additional office	cers and/or directors.
<del>_</del>	Signature of Director or Officer ter or director signing this document (and who is listed in number 11 above) affirm	s that the facts stated herein

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.

Control Number: 14089498

# STATE OF GEORGIA

# **Secretary of State**

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

1, **Brian P. Kemp**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### Cottage Business Consultants, Inc.

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 14792709 Date Inc/Auth/Filed: 09/10/2014 Jurisdiction : Georgia Print Date : 08/15/2017

Form Number : 211



Brian P. Kemp Secretary of State