

F17000004205

(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:

Office Use Only



000301492230

07/20/17--01011--003 **70.00

SEP 18 AM 11:55
CALL AMERICAN

SEP 20 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Authentic, 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:

Stephanie Rankin

Name of Person

Authentic, Inc.

Firm/Company

40701 Woodward Ave. Suite 250

Address

Bloomfield Hills, MI 48304

City/State and Zip code

Stephanie@LegalArtWorks.com and Jorey@Authentic3d.com

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

For further information concerning this matter, please call:

Stephanie Rankin

248

469-8811 x 423

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

Rec. 8/28/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 11, 2017

STEPHANIE RANKIN
40701 WOODWARD AVE SUITE 250
BLOOMFIELD HILLS, MI 48304

SUBJECT: LEGAL ART WORKS
Ref. Number: W17000061056

We have received your document for LEGAL ART WORKS and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 217A00016478

2017 SEP 18 PM 2:46
SUNSHINE STATE
TALLAHASSEE, FLORIDA

2017 SEP 18 AM 11:55
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 25, 2017

STEPHANIE RANKIN
40701 WOODWARD AVE SUITE 250
BLOOMFIELD HILLS, MI 48304

SUBJECT: AUTHENTIC, INC.
Ref. Number: W17000061056

We have received your document for AUTHENTIC, 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):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form. *Legal Art Works*

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is .

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.

Jennifer D. Harris
Regulatory Specialist II

Letter Number: 617A00014992

RECEIVED
2017 AUG -4 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. Authentic, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

~~Legal Art Works~~ Authentic, Inc. of Florida

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

3. 81-5391397

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

02/15/2017

4. (Date of incorporation)

5. (Date of duration, if other than perpetual)

04/03/2017

6. (Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

40701 Woodward Ave. Ste. 250 Bloomfield Hills, MI 48304

7. (Principal office address)

1454 Prudential Drive Jacksonville, FL 32207

(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

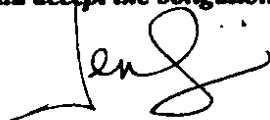
33324

(City)

, Florida (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.



Jennifer Quinn, Asst. Secretary

(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.

SEP 18 AM 11:55
FBI - JACKSONVILLE

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Jorey Chernett

Address: 40701 Woodward Ave. Suite 250 Bloomfield Hills, MI 48304

Vice President: _____

Address: _____

Secretary: Thomas Bambrick

Address: 40701 Woodward Ave. Suite 250 Bloomfield Hills, MI 48304

Treasurer: Jorey Chernett

Address: 40701 Woodward Ave. Suite 250 Bloomfield Hills, MI 48304

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. Jorey Chernett, President


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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "AUTHENTIC, 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 TWENTY-SIXTH DAY OF JUNE, A.D. 2017.


Jeffrey W. Bullock, Secretary of State

Authentication: 202779251

Date: 06-26-17

6317690 8300

SR# 20174574867

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