

F170000004289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

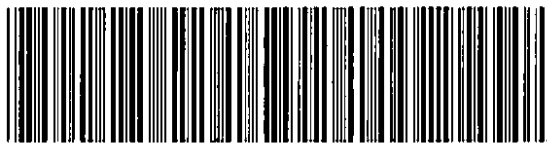
(Document Number)

Certified Copies _____

Certificates of Status _____

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25 SEP 21 AM 8:27

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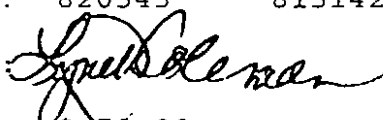
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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 820543 8151422

AUTHORIZATION



COST LIMIT : \$ 70.00

ORDER DATE : September 18, 2017

ORDER TIME : 1:14 PM

ORDER NO. : 820543-001

CUSTOMER NO: 8151422

FOREIGN FILINGS

NAME: SUSAN A SHIRLEY COUNSELING AND
CONSULTING INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XXX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Susan A Shirley Counseling and Consulting 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:

Susan Shirley

Name of Person

Firm/Company

5752 SE Crooked Oak Ave

Address

Hobe Sound, FL, US, 33455

City/State and Zip code

sascc2011@hotmail.com

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____
Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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 &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|--|---|---|



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2017

RESUBMIT

Please give original
submission date as file date.

CSC
ROXANNE TURNER

SUBJECT: SUSAN A. SHIRLEY COUNSELING & CONSULTING, INC.
Ref. Number: W17000075870

We have received your document for SUSAN A. SHIRLEY COUNSELING & CONSULTING, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is L15000043269.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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: 917A00019209


**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. Susan A Shirley Counseling and Consulting Inc.
(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)
2. Louisiana 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12-02-2010 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "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. 5752 SE Crooked Oak Ave, Hobe Sound, FL, 33455, US
(Principal office address)
- 5752 SE Crooked Oak Ave, Hobe Sound, FL, US, 33455
(Current mailing address)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: SUSAN SHIRLEY
- Office Address: 5752 SE Crooked Oak Ave
Hobe Sound, FL, 33455, Florida _____
(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.

By: 
(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

Chairman: Susan A Shirley

Address: 5752 SE Crooked Oak Ave
Hobe Sound, FL 33455

Vice Chairman: N/A

Address: _____

Director: N/A

Address: _____

Director: N/A

Address: _____

B. OFFICERS

President: Susan A Shirley

Address: 5752 SE Crooked Oak Ave
Hobe Sound, FL 33455

Vice President: N/A

Address: _____

Secretary: N/A

Address: _____

Treasurer: _____

Address: _____

FILED
2017 SEP 21 AM 8:28
U.S. DEPT. OF JUSTICE
FBI - MIAMI

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

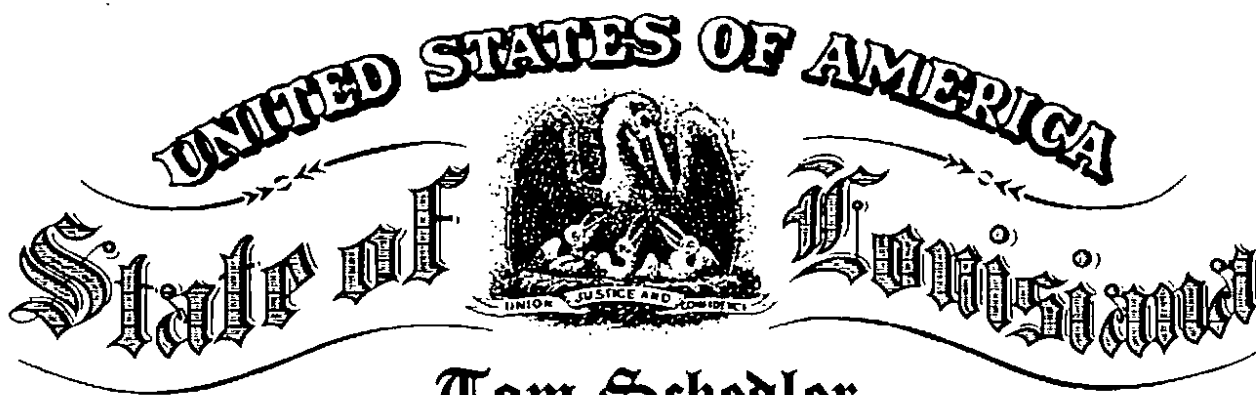
12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

3. Susan Shirley Susan A Shirley - Chairman President

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



Tom Schedler
SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

the Articles of Incorporation of

SUSAN A. SHIRLEY COUNSELING & CONSULTING, INC.

Domiciled at LAFAYETTE, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation was issued on December 02, 2010,

I further certify that no Certificate of Dissolution or Termination has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

September 18, 2017

Secretary of State

Web 40365873D



Certificate ID: 10870172#SLJ62

To validate this certificate, visit the following web site, go to **Business Services, Search for Louisiana Business Filings, Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov