

F700000510S

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

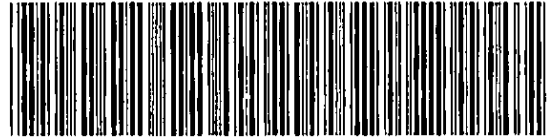
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
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D. SCOTT  
NOV 14 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 28, 2017

*Sufficit added*

KAREN LEAVITT  
20 ISLE OF VENICE DR #301  
FORT LAUDERDALE, FL 33301

SUBJECT: KAREN LEAVITT, P.C.  
Ref. Number: W17000077482

We have received your document for KAREN LEAVITT, 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.

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.

Dionne M Pijaux  
Regulatory Specialist

Letter Number: 317A00019682

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KAREN LEAVITT, P.C. 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:

KAREN LEAVITT  
Name of Person

KAREN LEAVITT, P.C. INC  
Firm/Company

20 ISLE OF VENICE DR. # 301  
Address

FORT LAUDERDALE, FL 33301  
City/State and Zip code

KEL 4005 L gmail . com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAREN LEAVITT at ( 847 ) 274-3283  
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

**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. KAREN LEAVITT, P.C., 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. ILLINOIS

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

3. 01-056 2203

(FEI number, if applicable)

4. 12/27/2001

(Date of incorporation)

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

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

33301

7. 20 ISLE OF VENICE DR. #301 FT. LAUDERDALE, FL

(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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

Name: KAREN LEAVITT

Office Address: 20 ISLE OF VENICE DR. # 301

FT. LAUDERDALE, Florida 33301

(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.*

Karen Leavitt

(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: KAREN LEAVITT

Address: 20 ISLE OF VENICE DR. #301  
FORT LAUDERDALE, FL. 33301

Vice Chairman: \_\_\_\_\_

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

Director: KAREN LEAVITT

Address: 20 ISLE OF VENICE DR. #301  
FORT LAUDERDALE, FL. 33301

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

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

B. OFFICERS

President: KAREN LEAVITT

Address: 20 ISLE OF VENICE DR. #301  
FORT LAUDERDALE, FL. 33301

Vice President: \_\_\_\_\_

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

Secretary: KAREN LEAVITT

Address: 20 ISLE OF VENICE DR. #301

Treasurer: FORT LAUDERDALE, FL. 33301

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

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

12. Karen Leavitt

Signature of Director or Officer

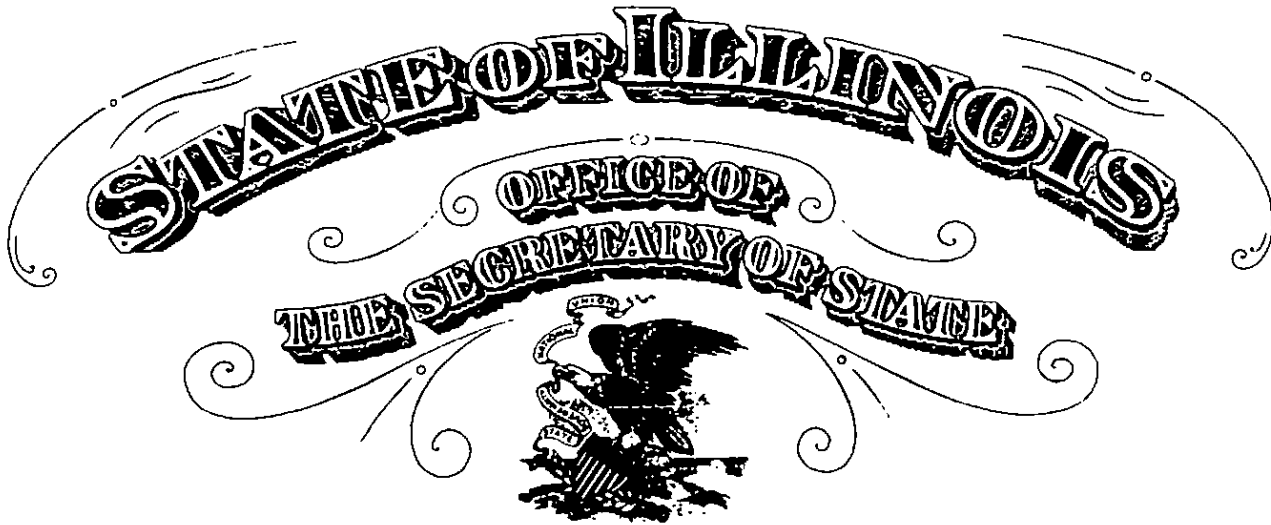
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. KAREN LEAVITT PRESIDENT

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

File Number

6198-473-9



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

KAREN LEAVITT, P.C., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 27, 2001, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

RECEIVED  
JUL 13 10 10 AM  
2017

**In Testimony Whereof,** I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 8TH  
day of JULY A.D. 2017 .



Authentication #: 1718900318 verifiable until 07/08/2018

Authenticate at: <http://www.cyberdriveillinois.com>

*Jesse White*

SECRETARY OF STATE