

F19000001329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

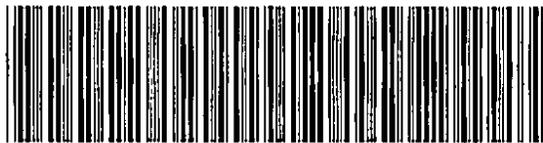
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STEVEN AND WILLIAM LADD INCORPORATED
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:

LINDSAY GRINDSTAFF
Name of Person
STEVEN AND WILLIAM LADD INCORPORATED
Firm/Company
60 NORTON WAY
Address
ROCKBRIDGE BATHS, VA 29473
City/State and Zip code
brothers@stevenandwilliam.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LINDSAY GRINDSTAFF at (928) 853-3290
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. STEVEN AND WILLIAM LADY INCORPORATED
(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. NEW YORK 3. 51-0403027
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. December 30, 2016 5. _____
(Date of incorporation) (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)

7. 526 W 26TH ST # 1009, NEW YORK, NY 10001
(Principal office address)

(Current mailing address, if different)

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

✓ Name: V A PARTNERSHIP - EWALTBLOMENFELD

Office Address: 1293 N UNIVERSITY DRIVE #291

CLEAR SPRINGS Florida 33071
(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.



(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: STEVEN E. LADD

Address: 526 W. 26TH ST. #1004
NEW YORK, NY 10001

Vice Chairman: WILLIAM C. LADD

Address: 526 W. 26TH ST. #1004
NEW YORK, NY 10001

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: STEVEN E. LADD

Address: 526 W. 26TH ST. #1004
NEW YORK, NY 10001

Vice President: WILLIAM C. LADD

Address: 526 W. 26TH ST. #1004
NEW YORK, NY 10001

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. WILLIAM LADD, DIRECTOR

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

