

# FR0000014SS

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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

## FOREIGN PROFIT/NONPROFIT CORPORATION

Daniel Design Studio, P.C.

Certificate of Status	0
Certified Copy	0
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19 MAR 26 P 5:51  
ALLAHABAD, FLORIDA

3/27/19 95

**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. Daniel Design Studio, P.C.

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

Daniel Design Studio, P.C. Inc.

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

2. Mississippi

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

3. \_\_\_\_\_

(FEI number, if applicable)

4. 3/8/19

(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)

7. 7901 4th St N STE 300 St. Petersburg FL 33702

(Principal office address)

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

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

Name: Northwest Registered Agent LLC

Office Address: 7901 4th St N STE 300

St. Petersburg

(City)

Florida 33702

(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.*



Northwest Registered Agent LLC

Tom Glover

- Assistant 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.

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CLERK OF THE COURT  
ST. PETERSBURG, FLORIDA

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

**A. DIRECTORS**

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

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

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

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

Director: Stephens Daniel

Address: 7901 4th St N STE 300

St. Petersburg FL 33702

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

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

**B. OFFICERS**

President: Stephens Daniel

Address: 7901 4th St N STE 300

St. Petersburg FL 33702

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

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

Secretary: Stephens Daniel

Address: 7901 4th St N STE 300 St. Petersburg FL 33702

Treasurer: Stephens Daniel

Address: 7901 4th St N STE 300 St. Petersburg FL 33702

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

12. [Signature] \_\_\_\_\_

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. Stephens Daniel, President \_\_\_\_\_

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



DELBERT HOSEMANN  
*Secretary of State*

Office of the Secretary of State  
Jackson, Mississippi

## Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on the 8th day of March, 2019, the State of Mississippi issued a Charter Certificate of Authority to:

**DANIEL DESIGN STUDIO, P.C.**

That the state of incorporation is Mississippi.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said Daniel Design Studio, P.C. is in good standing at this time.

Given under my hand and seal of office  
the 13th day of March, 2019

*C. Delbert Hosemann, Jr.*

C. DELBERT HOSEMANN, JR.  
*Secretary of State*

Certificate Number: CN19064141

Verify this certificate online at <http://corp.sos.ms.gov/corpconv/verifycertificate.aspx>

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JACKSON MISSISSIPPI