

F19000003638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

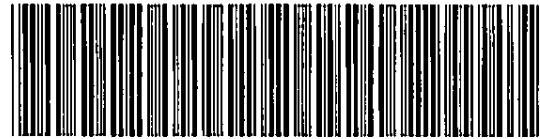
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 16, 2019

ZAKIYYAH WEATHERSPOON
5539 TIMBERWIND CIRCLE
LAKE PARK, GA 31636

SUBJECT: WEATHERSPOON MEDICAL STAFFING FIRM, PC
Ref. Number: W19000054325

We have received your document for WEATHERSPOON MEDICAL STAFFING FIRM, PC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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

On line #1, place the name exactly how it is on the certificate of existence. You may keep the alternate name line the same, if you'd like.

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.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 819A00014393



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 15, 2019

ZAKIYYAH WEATHERSPOON
5539 TIMBERWIND CIRCLE
LAKE PARK, GA 31636

SUBJECT: WEATHERSPOON MEDICAL STAFFING FIRM, PC
Ref. Number: W19000054325

We have received your document for WEATHERSPOON MEDICAL STAFFING FIRM, PC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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

The form is incomplete. Please fill out the proper form enclosed in order to have your document filed

We are enclosing the proper form(s) with instructions for your convenience.

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.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 819A00014286



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 6, 2019

ZAKIYYAH WEATHERSPOON
5539 TIMBERWIND CIRCLE
LAKE PARK, GA 31636

SUBJECT: WEATHERSPOON MEDICAL STAFFING FIRM, PC
Ref. Number: W19000054325

We have received your document for WEATHERSPOON MEDICAL STAFFING FIRM, PC and your check(s) totaling \$87.50. 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.

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.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6052.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 119A00011345

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JUL 15 2019

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

NOTICE: Pursuant to Section 607.1505, Florida Statutes, the following is not permitted to
register a foreign corporation to transact business in the state of Florida.

1. WeatherSpac Medical Stuffing, Inc. PC
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"INC.," "CO.," "CORP.," "INC.," "CO.," or "Corp.")

2. WeatherSpac Medical Stuffing Corp
(If name unavailable in Florida, enter alternate corporate name adopted for sole purpose of transacting business in Florida)

3. Georgia 4. 82-2158488
(State or country under the law of which it is incorporated) (FEI number, if applicable)

5. 07-12-2017 6. N/A
(Date of incorporation) (Date of duration, if other than perpetual)

7. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

8. 5539 Timberwind Circle Lake Park, GA 31636
(Principal office address)

SAME
(Current mailing address, if different)

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

Name: Angela Denson

Office Address: 266 Magnolia Ridge
Crawfordville, Florida 32327
(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.

Angela Denson
(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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and the names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Zakaryiah Weather Spoon
Address: 5539 Timberwood Circle
Lake Park, GA 31636
Vice Chairman: Arthur Weather Spoon
Address: Same

Director: Zakaryiah Weather Spoon
Address: Same

Director: N/A

Address:

B. OFFICERS

President: Zakaryiah Weather Spoon
Address: Same

Vice President: Arthur Weather Spoon
Address: Same

Secretary: Zakaryiah Weather Spoon
Address:

Treasurer: N/A

Address:

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

12. Zakaryiah Weather Spoon

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. Zakaryiah Weather Spoon, President
(Typed or printed name and capacity of person signing application)

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Weatherspoon Medical Staffing Firm, PC
a Domestic Professional Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 17412660
Date Inc/Auth/Filed: 07/11/2017
Jurisdiction : Georgia
Print Date : 06/24/2019
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State