# TO: Quality appropriation Division of Corporations

SUBJECT: The Dr. Is In Inc. (Name of corporation - must include suffix)	W76-23145
	0019907691 -10/30/96010850011 ******70.08
The enclosed "Application by Foreign Corporation for Authorization to Transact B Florida", "Certificate of Existence", and check are submitted to register the above r foreign corporation to transact business in Florida.	eferenced
Please return all correspondence concerning this matter to the following:	
Timothy W. Roberts  (Name of Person)  The Dr Is In  (Firm/Company)  6419 Newberry Rd.  (Address)	FILED 96 HOV 15 PH I2: 11 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Should you need to call someone concerning this matter, please call:	
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#### **COURIER ADDRESS:**

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

#### **MAILING ADDRESS:**

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 31, 1996

TIMOTHY W ROBERTS THE DR IS IN 6419 NEWBERRY RD GAINESVILLE, FL 32605

SUBJECT: THE DR. IS IN, INC. Ref. Number: W96000023145

We have received your document for THE DR. IS IN, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and capacity of the person signing the document must be noted beneath or opposite the signature.

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 (904) 487-6094.

Doug Dickinson Document Specialist

Letter Number: 596A00050145

### 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:

١.	The Dr. Is 1	n, Inc.			
	(Name of corporation: must include the word "INCORPOR words or abbreviations of like import in language as will cle natural person or partnership if not so contained in the name	PRATED", "COMPANY", "CORPORATION" or clearly indicate that it is a corporation instead of a me at present.)			
2.	(State or country under the law of which it is incorporated)	3. <u>870562296</u> (FEI number, if applicable)			
4.	June 10, 1996 (Date of Incorporation)	5. Oc. (Duration: Year corp. will cease to exist or "purpelual")			
6.	November 2, 19	796			
7.	6191 5. State St. Su.	NS 607.1501, 607.1502, AND 817.156 F.S.)			
	Murray, Ut 84107	W IS			
8	retail Sales	Elegia Signatura			
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)					
	Name: Tim Roberts		<i>L 1</i> .		
	Office Address:	210 N.E. 157	Ave		
	Lake Butler	, Florida , 32054			
10.	Registered agent's acceptance:	(Zip Code)			
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.					
regi all s	soration at the place designated in this applic stered agent and agree to act in this capacity. If statutes relative to the proper and complete perfo	ication, I hereby accept the appointment as further agree to comply with the provisions of formance of my duties, and I am familiar with	<u>-</u>		

11. 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.

(Registered agent's signature)

12. Names and addresses of officers and/or directors: (Street address ONLY-P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O . Box NOT acceptable) Chairman: \_ Address: \_ Vice Chairman: \_\_\_\_\_ Address: Director: \_ Address: \_\_\_\_\_ Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) Address: Vice President: Address: Secretary: Address: \_ Treasurer: \_\_\_ Address: \_\_\_\_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. N Roberts-VICE PRESIDENT Timethy W. Roberts-President

(Typed or printed name and capacity of person signing application) (Signature) of Chairman, Vice Chairman, or any officer listed in number 12 of the application)



## CERTIFICATION OF GOOD STANDING

THE UTAH DIVISION OF CORPORATIONS AND COMMERCIAL CODE HEREBY CERTIFIES THAT

DR. IS IN, INC., THE

is a Utah corporation and is qualified to transact business in the State of Utah, and that its most recent annual report required by Utah law has been filed, and that Articles of Dissolution have not been filed. A Certificate of Incorporation was issued from this office on JUNE 10, 1996 and said corporation is in good standing, as appears of record in the offices of the Division.

This certification is not intended to reflect the financial condition, business activity or practices of this corporation.

Director, Division of

Corporations and Commercial Code

File Number: CO 191738



Dated this	23RD	day
<i>of</i> O	ctober	. 19 96
Korle	. 5. Woo	de
Korla T. Wood		