

M18000004149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K SALY

MAY - 1 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Speech Academy LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Beth Ann Shanks

Name of Person

Speech Academy LLC

Firm/Company

8900 Dove Valley Way

Address

Davenport, Florida 33896

City/State and Zip Code

bethshanks12@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beth Ann Shanks

551

5802358

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SPEECH ACADEMY LIMITED LIABILITY COMPANY

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. State of New Jersey

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 270350147

(FEI number, if applicable)

4. 01/1/2018 (Activities not constituting transacting business defined 605.0905; 605.0902(1): (a))

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 231 Crosswicks Rd.

(Street Address of Principal Office)

Suite 4

Bordentown, N.J. 08505

6. 8900 Dove Valley Way

(Mailing Address)

Davenport, Florida 33896

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

Name: Beth Ann Shanks

Office Address: 8900 Dove Valley Way

Davenport, Florida 33896
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Beth Ann Shanks
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Owner/CEO

Beth Ann Shanks

8900 Dove Valley Way

Davenport, Florida 33896

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Beth Ann Shanks
Signature of an authorized person

Beth Ann Shanks

Typed or printed name of signee

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STATE DEPT. OF STATE
TALLAHASSEE, FL 32301

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

SPEECH ACADEMY LIMITED LIABILITY COMPANY
0400290754

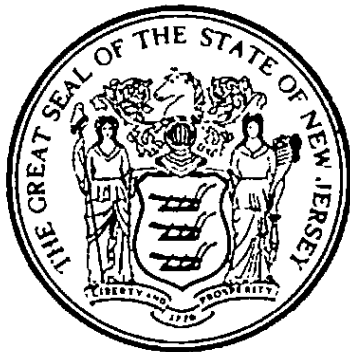
I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on June 07, 2009.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

BETH ANN SHANKS MS CCC/SLP
231 CROSSWICKS ROAD
SUITE 4
BORDENTOWN, NJ 08505

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SECRETARY OF STATE
TREASURY DIVISION



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
9th day of April, 2018

Elizabeth Maher Muoio
Acting State Treasurer

Certificate Number : 6087376098

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 13, 2018

BETH ANN SHANKS
SPEECH ACADEMY LLC
8900 DOVE VALLEY WAY
DAVENPORT, FL 33896

SUBJECT: SPEECH ACADEMY LIMITED LIABILITY COMPANY
Ref. Number: W18000034914

We have received your document for SPEECH ACADEMY LIMITED LIABILITY COMPANY and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

The registered agent must sign accepting the designation.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 018A00007513

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2018 APR 27 PM 1:24

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL