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

From: Account Name : Vcorp SERVICES, LLC
Account Number : T20080000067
Phone : (845) 425-0077
Fax Number : (845) 818-3588

****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
Surgical Instrument Service Co.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

Y SCOTT

AUG 28 2019

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**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.

Surgical Instrument Service Co.

1. _____
(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)
Illinois

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
November 3, 1976

4. _____ 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)
151 Brandon Drive, Glendale Heights, Illinois 60139

7. _____
(Principal office address)

(Current mailing address, if different)

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

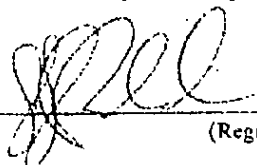
Name: Vcorp Services, LLC

Office Address: 5011 South State Road 7, Suite 106

Davie 33314
_____, Florida _____
(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Director: Robert Posdal ✓
~~XXXXXXXXXXXX~~151 Brandon Drive, Glendale Heights, Illinois 60139
Address: _____

Director: Gregory J. Posdal ✓

151 Brandon Drive, Glendale Heights, Illinois 60139
Address: _____

Director: Diane Posdal ✓

151 Brandon Drive, Glendale Heights, Illinois 60139
Address: _____**B. OFFICERS**

President: Gregory J. Posdal ✓

151 Brandon Drive, Glendale Heights, Illinois 60139
Address: _____

Vice President: _____

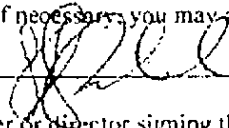
Address: _____

Secretary: Diane Posdal ✓

151 Brandon Drive, Glendale Heights, Illinois 60139
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, P.S.

13. Gregory J. Posdal - President _____

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

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File Number

5102-030-8



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

SURGICAL INSTRUMENT SERVICE CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 03, 1976, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 27TH
day of AUGUST A.D. 2019 .***

Jesse White

SECRETARY OF STATE

Authentication #: 1923900374 verifiable until 08/27/2020
Authenticate at: <http://www.cyberdriveillinois.com>

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