

F 00000000529

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: SEE Centers, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

John L. Edwards
(Name of Person)
SEE Centers, Inc.
(Firm/Company)
4470 Northgate Court
(Address)
Sarasota, FL 34234
(City/State/Zip)

FILED
JAN 26 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Should you need to call someone concerning this matter, please call:

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John L. Edwards at (941) 351-6501
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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. SEE Centers, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware 3. 65-0963821
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. November 18, 1999 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. December 23, 1999
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 4470 Northgate Court
Sarasota, FL 34234
(Current mailing address)
8. Any lawful act or activity - Medical Clinics - Not Doctor Owned
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
- Name: John L. Edwards
- Office Address: 4470 Northgate Court
Sarasota, FL 34234, Florida, 34234
(Zip code)

10. 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.

John L. Edwards
(Registered agent's signature)

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.

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: Jonathan A. Burkland

Address: 465 E. Saddle River Road, Ridgewood, NJ 07450

Director: John L. Edwards

Address: 4656 Stone Ridge Trail, Sarasota, FL 34232

Director: Jo Clifford Finkess

Address: 3120 NE 46th St., Fort Lauderdale, FL 33308

Director: Ray Krauss

Address: 296 Thompson Mill Road, New Hope, PA 18938

Director: Joseph A. Paul

Address: 18849 Southeast Windward Island Lane, Juniper, FL 33458

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: John L. Edwards

Address: above

Vice President: _____

Address: _____

Secretary: Jonathan A. Burkland

Address: above

Treasurer: John L. Edwards

Address: above

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

13. John L. Edwards
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. John L. Edwards, President
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

State of Delaware
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SEE CENTERS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF NOVEMBER, A.D. 1999.

FILED

00 JAN 26 PM 2:39



Edward J. Freel

Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE:

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