

F09000003349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

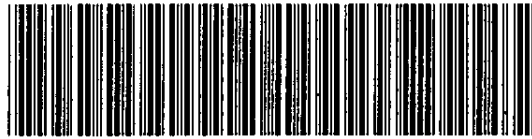
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800158536198

07/20/09--01053--001 **87.50

2009 AUG 24 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

J. Shivers AUG 25 2009

609-75114
645

609-73242
647

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Dependable Sterilizer Repair, 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:

Joseph P. Nessi

Name of Person

Dependable Sterilizer Repair, Inc.

Firm/Company

2507 Arborwood Dr.

Address

Valrico, FL 33596

City/State and Zip code

dsr.inc1@verizon.net

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

For further information concerning this matter, please call:

Joe Nessi

Name of Person

at (813) 381-3870

Area Code & Daytime Telephone Number

2009 AUG 24 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

New Filing 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. Dependable Sterilizer Repair, Inc.

(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)

2. Illinois

(State or country under the law of which it is incorporated)

3. 36-4116750

(FEI number, if applicable)

4. November 15, 1996

(Date of incorporation)

5. _____

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

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

7. 41261 N. Blackhawk Trail, Wadsworth IL. (, 0000)

(Principal office address)

2507 Arborwood Dr. Valrico, FL. 33596

(Current mailing address)

8. Service and Sales of Medical Equipment

(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 NOT acceptable)

Name: Joe Nessi

Office Address: 2507 Arborwood Dr

Valrico, Florida 33596

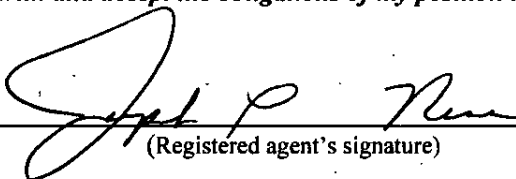
(City)

(Zip code)

2009 AUG 24 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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.


(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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Joe Nessi

Address: 2507 Arborwood Dr Valrico FL. 33596

Vice Chairman: Richard Bobholz

Address: 1312 Medinah St., Bensenville IL. 60106

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Joe Nessi

Address: 2507 Arborwood Dr Valrico FL. 33596

Vice President: Richard Bobholz

Address: 1312 Medinah St., Bensenville IL. 60106

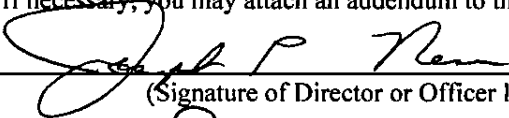
Secretary: Richard Bobholz

Address: 1312 Medinah St., Bensenville IL 60106

Treasurer: Tom McCord

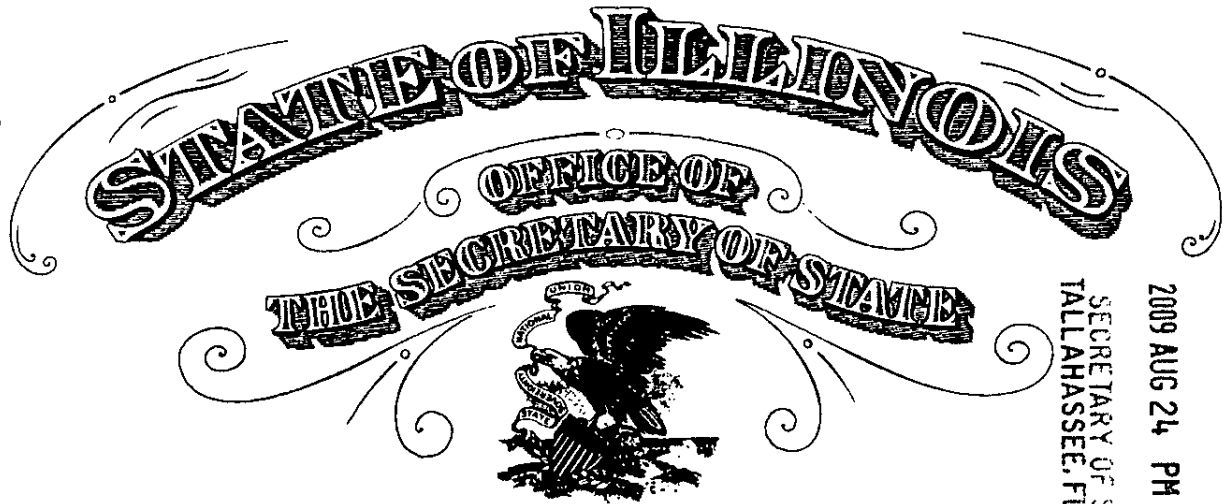
Address: 41261 N. Blackhawk Trail, Wadsworth IL. 60083

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

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. President Joseph P. Nessi
(Typed or printed name and capacity of person signing application)

FILED
2009 AUG 24 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2009 AUG 24 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

DEPENDABLE STERILIZER REPAIR, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 15, 1996, 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.



Authentication #: 0923300670

Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 21ST day of AUGUST A.D. 2009 .

Jesse White

SECRETARY OF STATE