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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

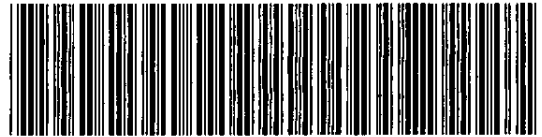
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

EP 1/22/10

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** COMPUTERIZED INFORMATION & MANAGEMENT SERVICES, 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," or "Certificate of Good Standing" 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:

Thomas A. Koutnik

Name of Person

Thomas A. Koutnik, CPA

Firm/Company

278 Hollywood Avenue

Address

Akron, Ohio 44313-6751

City/State and Zip code

tkoutnik@mindspring.com

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

For further information concerning this matter, please call:

Thomas A. Koutnik

Name of Person

at ( 330 ) 864-2422

Area Code & Daytime Telephone Number

**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. COMPUTERIZED INFORMATION & MANAGEMENT SERVICES, 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. OHIO

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

3. 34-1137469

(FEI number, if applicable)

4. FEBRUARY 11, 1974

(Date of incorporation)

5. PERPETUAL

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

6. DECEMBER 17, 2009

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

7. 2701 GILCHRIST ROAD, AKRON, OHIO 44305

(Principal office address)

P.O. BOX 1610, AKRON, OHIO 44309-1610

(Current mailing address)

8. CORPORATE OFFICER RESIDENT OF FLORIDA

(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: KATHLEEN K. TURNER

Office Address: 321 PARK AVENUE

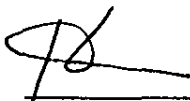
BOCA GRANDE, Florida 33921

(City)

(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.*



(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.

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: SUSAN B. KRUDER

Address: 321 PARK AVENUE

BOCA GRANDE, FLORIDA 33921

Director: KATHLEEN K. TURNER

Address: 321 PARK AVENUE

BOCA GRANDE, FLORIDA 33921

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**B. OFFICERS**

President: SUSAN B. KRUDER

Address: 321 PARK AVENUE

BOCA GRANDE, FLORIDA 33921

Vice President: KATHLEEN K. TURNER

Address: 321 PARK AVENUE

BOCA GRANDE, FLORIDA 33921

Secretary: KATHLEEN K. TURNER

Address: 321 PARK AVENUE, BOCA GRANDE, FLORIDA 33921

Treasurer: SUSAN B. KRUDER

Address: 321 PARK AVENUE, BOCA GRANDE, FLORIDA 33921

**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. KATHLEEN K. TURNER, EXECUTIVE VICE PRESIDENT

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

**United States of America  
State of Ohio  
Office of the Secretary of State**

*I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show **COMPUTERIZED INFORMATION & MANAGEMENT SERVICES, INC.**, an Ohio corporation, Charter No. 449593, having its principal location in Akron, County of Summit, was incorporated on February 11, 1974 and is currently in **GOOD STANDING** upon the records of this office.*

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*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 12th day of January, A.D. 2010*

A handwritten signature in cursive script, reading "Jennifer Brunner".

Ohio Secretary of State