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SECRETARY OF STATE DIVISION OF CORPORATIONS

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#### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: CRONIN ENTERPRISES INCORPOLATED
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:
JAMES WANTMAN
Name of Person
CRONIN ENTERPRISES INC
Firm/Company
1505 SE 40TH STREET SUITE B
Address
CAPE CORAL, FL 33904
City/State and Zip code
JWANTMAN@HCCSCODING.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
IAMES WANTHAN
JAMES WANTMAN     at (239)     443-3902       Name of Person     Area Code & Daytime Telephone Number
Attea code de Daytime Telephone Namber
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clother 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 \$\Bigcup \\$78.75 Filing Fee & \Bigcup \\$78.75 Filing Fee & \Bigcup \\$87.50 Filing Fee, Certified Copy 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.

·	ERPRISES INC				
	orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"		
CRONI	N CODING + CON	در	ILTING INC.		
(If name unavails	able in Florida, enter alternate corporate na	ıme	adopted for the purpose of transacting business in I	Florida)	
COLORADO		3.	20-4622106		
(State or country	under the law of which it is incorporated)	-	(FEI number, if applicable)		
APRIL 3, 2006		5.	PERPETUAL		
(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")		
AUGUST 2009					
	· · · · · · · · · · · · · · · · · · ·		Florida, if prior to registration)		
	(SEE SECTIONS 607.1501 & 60	7.15	502, F.S., to determine penalty liability)		
1505 SE 40TH 9	STREET SUITE B, CAPE CORAL, FL	339	04		
	(Principal office	add	ress)		
1505 SE 40TH	STREET SUITE B, CAPE CORAL, FL	339	904		
	(Current mailing	add	ress)		ar
				=	\ <u>\</u>
8. CODING OF MEDICAL RECORDS FOR HOSPITALS		<u> </u>	ä		
(Purpose(s	) of corporation authorized in home state of	or co	ountry to be carried out in state of Florida)	10 AUG 12	2
. Name and stree	t address of Florida registered agent: (	(P.C	). Box <u>NOT</u> acceptable)	2	7
Name:	JAMES WANTMAN			2	1
name:			<del></del>	AM II: 17	CMOTINATION
office Address:	1505 SE 49TH STREET			1	2
	CAPE CORAL		, Florida 33904		{
	(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.

12. Names and business addresses of officers and/or directors: ' A. DIRECTORS Chairman: Address: \_\_\_\_\_ Vice Chairman: Address: Director: \_ Director: Address: \_ **B. OFFICERS** President: WILLIAM CRONIN Address: 117 ELDORADO PKWY W CAPE CORAL, FL Vice President: JAMES WANTMAN Address: CAPE CORAL, FL CAPE CORAL, FL Secretary: MARGARET CRONIN Address: 117 ELDORADO PKWY W, CAPE CORAL FL Treasurer: MARGARET CRONIN Address: 117 ELDORADO PKWY W, CAPE CORAL FL NOTE: If necessary u 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. JAMES WANTMAN VICE PRESIDENT

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

## OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

#### CERTIFICATE

I, Bernie Buescher, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

#### Cronin Enterprises, Inc.

is a Corporation formed or registered on 04/03/2006 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20061143845.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 07/26/2010 that have been posted, and by documents delivered to this office electronically through 07/28/2010 @ 12:28:42.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 07/28/2010 @ 12:28:42 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 7706167.

OF CO.
OPTOR
STATEMENT OF THE STATEMENT

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Secretary of State of the State of Colorado

\*\*\*\*\*\*End of Certificate\*\*\*\*\*\*

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <a href="http://www.sos.state.co.us/bz/CertificateSeurchCriteria.do">http://www.sos.state.co.us/bz/CertificateSeurchCriteria.do</a> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click Business Cemer and select "Frequently Asked Questions."