

F13000005314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

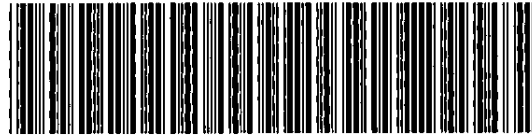
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400253927274

FILED STATE
SECRETARY OF COMMERCE
DIVISION OF CORPORATIONS
2019 DEC 11 AM 9:17

RECEIVED
DEPARTMENT OF STATE
13 DEC 11 AM 10:59

1/14



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 905881 7382884

AUTHORIZATION :

A handwritten signature in cursive script, appearing to read "L. Coleman", is written over the authorization field.

COST LIMIT : \$ 70.00

ORDER DATE : December 3, 2013

ORDER TIME : 9:29 AM

ORDER NO. : 905881-005

CUSTOMER NO: 7382884

FOREIGN FILINGS

NAME: ADVANCED MEDICAL SOLUTIONS
(USA) INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Advanced Medical Solutions (USA) 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:

Jeff Willis

Name of Person

Advanced Medical Solutions

Firm/Company

15221 Sam Snead Lane

Address

Fort Myers, Florida, 33917

City/State and Zip code

jeff.willis@admedsol.com

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

For further information concerning this matter, please call:

Jeff Willis

Name of Person

at (239) 567 1932

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:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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. Advanced Medical Solutions (USA) 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. Delaware

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

3. _____

(FEI number, if applicable)

4. 11/19/2013

(Date of incorporation)

5. perpetual

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

6. 1/1/2014

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

7. 15221 Sam Snead Lane, Fort Myers, Florida 33917

(Principal office address)

15221 Sam Snead Lane, Fort Myers, Florida 33917

(Current mailing address)

8. Distribution Administration

(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: Jeff Willis

Office Address: 15221 Sam Snead Lane,

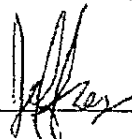
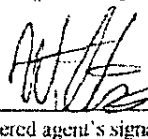
Fort Myers, Florida 33917

(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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2013 DEC 11 AM 9:17

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

2013 DEC 11 AM 8:17

A. DIRECTORS

Chairman: Jeffrey Willis

Address: 15221 Sam Snead Lane,

Fort Myers, 33917, USA

Vice Chairman: _____

Address: _____

Director: Samuel Benjamin Graves Wilkinson

Address: 3 Oakwood Court, Altrincham, Cheshire, WA14 3DJ, United Kingdom

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: Samuel Benjamin Graves Wilkinson

Address: 3 Oakwood Court, Altrincham, Cheshire, WA14 3DJ, United Kingdom

Treasurer: _____

Address: _____

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

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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, F.S.

14. Jeffrey Willis, Chairman

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

Delaware

The First State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
PAGE 1
2013 DEC 11 AM 8:17

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADVANCED MEDICAL SOLUTIONS (USA) 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 THIRD DAY OF DECEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADVANCED MEDICAL SOLUTIONS (USA) INC." WAS INCORPORATED ON THE NINETEENTH DAY OF NOVEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

5434780 8300

131368065

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0939546

DATE: 12-03-13