

F/400000202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

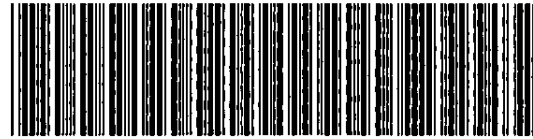
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R 01/15/14

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: KENNETH JANSON, M.D., LTD.
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:

Kenneth Janson, M.D.

Name of Person

KENNETH JANSON, M.D., LTD.

Firm/Company

738 Marble Way

Address

Boca Raton, FLA 33432

City/State and Zip code

ken.janson@gmail.com

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

For further information concerning this matter, please call:

Ken Janson

Name of Person

at (847) 999-8864

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. KENNETH JANSON, M.D., LTD., INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

KENNETH JANSON, M.D., INC.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Illinois 3. 27-3101015
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 14, 2010 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. None
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 900 North Lake Rd. Lake Forest IL60045
(Principal office address)

738 Marble Way Boca Raton FL 33432
(Current mailing address)

8. Medical Practice
(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: Kenneth Janson, M.D.

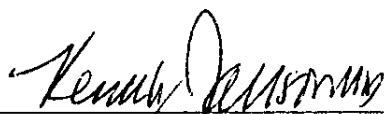
Office Address: 501 E. Camino Real

Boca Raton, Florida 33432
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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: Kenneth Janson, M.D.

Address: 501 East Camino Real

Boca Raton Florida 33432

Vice Chairman: _____

Address: _____

Director: Kenneth Janson, M.D.

Address: 501 East Camino Real

Boca Raton, Florida 33432

Director: _____

Address: _____

B. OFFICERS

President: Kenneth Janson, M.D.

Address: 501 East Camino Real

Boca Raton Florida 33432

Vice President: _____

Address: _____

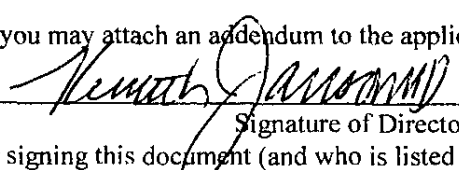
Secretary: Kenneth Janson, M.D.

Address: 501 East Camino Real Boca Raton, Florida 33432

Treasurer: Kenneth Janson, M.D.

Address: 501 East Camino Real Boca Raton, Florida 33432

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. Kenneth Janson, M.D., President
(Typed or printed name and capacity of person signing application)

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STATE OF FLORIDA
TALLAHASSEE

File Number 6722-121-4



To all to whom these Presents Shall Come, Greeting:

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

KENNETH JANSON, M.D., LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 14, 2010, 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.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 16TH
day of DECEMBER A.D. 2013 .

Jesse White

Authentication #: 1335000954

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

SECRETARY OF STATE