

F14000000557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

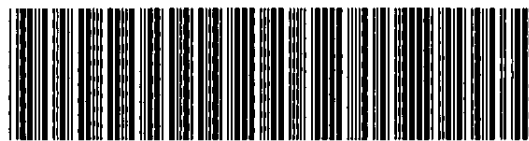
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/06/14--01021--004 **78.75

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MD 2/10

Law Office of

Richard A Venditti, P.A.

500 E. Tarpon Avenue

Tarpon Springs, FL 34689

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Fax (727) 938-9575

Richard A. Venditti, Esq.

Richard@tarponlaw.com

January 2, 2014

Division of Corporations

New Filing Section

State of Florida

PO Box 6327

Tallahassee, FL 32314

Re: Med-Prop Corp, a Foreign Corporation

Gentlemen:

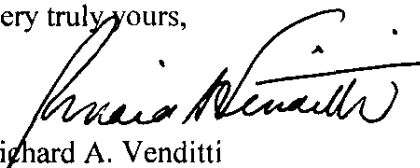
Please find enclosed the following documents:

1. Cover letter
2. Application by Foreign Corporation for Authorization to transact business in Florida
3. Certificate of Incorporation from State of New York, Department of State
4. Check for \$78.75 payable to Division of Corporations

Please process my client's application to do business in the state of Florida. He is now a permanent resident of the state of Florida and requests authority to transact business in the state of Florida utilizing the corporate entity Med-Pro Corp.

Please advise the undersign if any additional information is required in order to approve my client's request. Thank you for your assistance in this matter.

Very truly yours,



Richard A. Venditti

RAV/lv

Enclosures

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MED-PRO CORP
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:

LAWRENCE SASSO

Name of Person

MED-PRO CORP

Firm/Company

123 MARINER DRIVE BLDG 1

Address

TARPON SPRINGS FL. 34689

City/State and Zip code

MEDPROCORP1@VERIZON-NET

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

For further information concerning this matter, please call:

LAWRENCE SASSO

Name of Person

at (427) 934-9800

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 8, 2014

RICHARD A. VENDITTI, P.A.
500 E. TARPON AVENUE
TARPON SPRINGS, FL 34689

SUBJECT: MED-PRO CORP.
Ref. Number: W14000001435

We have received your document for MED-PRO CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The entity's date of incorporation/organization must be listed in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II

Letter Number: 814A00000516

**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. MED-PRO CORP.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

MED-PRO CORP FL.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK STATE

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

3. 13-2608947

(FEI number, if applicable)

4. 1967 JAN 13, 1967

(Date of incorporation)

5. PERPETUAL

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

6. WHEN REGISTERED

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 123 MARINER DRIVE BLDG 1 TARPON SPRINGS FL 34689

(Principal office address)

SAME

(Current mailing address)

8. SALES REP, PHONE SALES

(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: LAWRENCE SASSO

Office Address: 123 MARINER DRIVE BLDG 1

TARPON SPRINGS

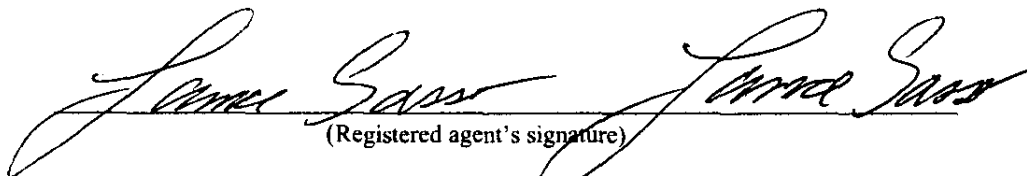
(City)

, Florida 34689

(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.

 2/3/14
(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:

NA

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President:

LAWRENCE SASSO

Address:

123 MARINER DRIVE BLDG 1
TARPON SPRINGS, FL 34689

Vice President:

NA

Address:

Secretary:

NA

Address:

Treasurer:

NA

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.

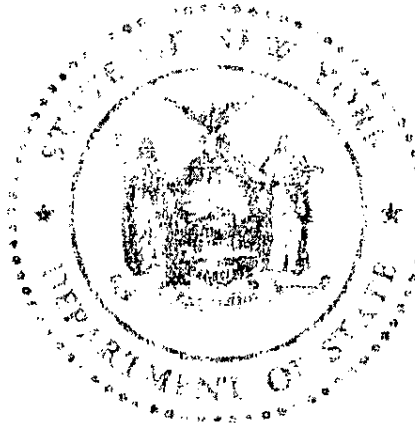
14.

LAWRENCE SASSO PRESIDENT

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

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of MED-PRO CORP. was filed on 01/13/1967, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 12th day of December two
thousand and thirteen.*

Anthony Giardina

Executive Deputy Secretary of State