

F14000000628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

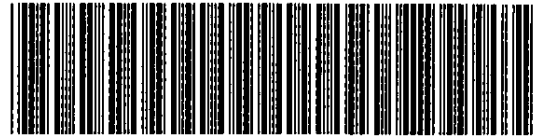
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/10/14--01025--004 **78.75

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14 FEB 11 PM 3:30
TALLAHASSEE, FLORIDA

W14- 3454

u 02/12/14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 5, 2014

DAVID HATOOKA *** 2ND CORRECTION ***
PERSONAL SUPPORT MEDICAL SUPPLIERS, INC
262 GEIGER RD.
PHILADELPHIA, PA 19115

SUBJECT: PERSONAL SUPPORT MEDICAL SUPPLIERS, INC
Ref. Number: W14000003454

We have received your document for PERSONAL SUPPORT MEDICAL SUPPLIERS, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 314A00001193



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2014

DAVID HATOOKA
PERSONAL SUPPORT MNEDICAL SUPPLIERS, INC
262 GEIGER RD.
PHILADELPHIA, PA 19115

SUBJECT: PERSONAL SUPPORT MEDICAL SUPPLIERS, INC
Ref. Number: W14000003454

RECEIVED
14 FEB -4 AM 10:20
STATE
TALLAHASSEE, FLORIDA

We have received your document for PERSONAL SUPPORT MEDICAL SUPPLIERS, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The date first transacted business in Florida within the meaning of s. 607.1501 or 605.0905, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4) or 605.0904(7), F.S., this office is required to collect a civil penalty of \$1,000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 314A00001193

CONFIDENTIAL

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Personal Support Medical Suppliers, 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:

David Hatooka

Name of Person

Personal Support Medical Suppliers, inc

Firm/Company

262 Geiger Rd

Address

Philadelphia PA 19115

City/State and Zip code

dhatooka@pshme.com

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

For further information concerning this matter, please call:

David Hatooka

Name of Person

at (215) 464-7304 ext 61110

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

CONFIDENTIAL

**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. **Personal Support Medical Suppliers, 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. **Pensylvania**

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

3.

23-3075074

(FEI number, if applicable)

4. **April 2001**

(Date of incorporation)

5.

Perpetual

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

6. **NA**

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

7. **262 Geiger Road, Philadelphia PA 19115**

(Principal office address)

262 Geiger Road, Philadelphia PA 19115

(Current mailing address)

8. **Medical Supplies and Device 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:

David Hatooka

Office Address:

17275 Collins Ave Apt 612

Sunny Isles

(City)

, Florida

33160

(Zip code)

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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.

CONFIDENTIAL

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

A. DIRECTORS

Chairman: NA

Address: _____

Vice Chairman: NA

Address: _____

Director: David Hatooka

Address: 262 Geiger Rd Philadelphia PA 19115

Director: Linda Hatooka

Address: 262 Geiger Rd Philadelphia PA 19115

B. OFFICERS

President: David Hatooka

Address: 262 Geiger Rd Philadelphia PA 19115

Vice President: _____

Address: _____

Secretary: Linda Hatooka

Address: 262 Geiger Rd Philadelphia PA 19115

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. David Hatooka, president

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

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

FEBRUARY 14, 2013

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

PERSONAL SUPPORT MEDICAL SUPPLIERS, INC.

Is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.

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DEPARTMENT OF STATE
HALL



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Carol Aichele

Secretary of the Commonwealth