

FA000002701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

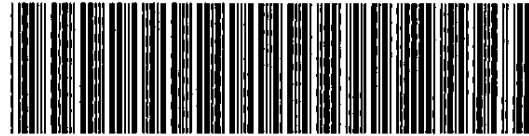
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 JUN 23 PM 2:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

WA-33834

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Dependable Sterilizer Repair, 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:

Joseph P Nessi

Name of Person

Dependable Sterilizer Repair, Inc

Firm/Company

41261 N. Blackhawk Trail

Address

Wadsworth, IL 60083

City/State and Zip code

Joe @ dsr inc. co

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

For further information concerning this matter, please call:

Joe Nessi

Name of Person

at (888) 358-8841

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

RECEIVED

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SEAL OF THE STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 30, 2014

JOSEPH P NESSI
41261 N BLACKHAWK TRL
WADSWORTH, IL 60083

SUBJECT: DEPENDABLE STERILIZER REPAIR, INC
Ref. Number: W14000033834

We have received your document for DEPENDABLE STERILIZER REPAIR, INC and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

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 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.

Jessica A Fason
Regulatory Specialist II

Letter Number: 014A00011712

**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. Dependable Sterilizer Repair, 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. IL 3. 36-4116750
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11-15-90 5. _____
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 1312 Medinah St. Bensenville IL 60106
(Principal office address)

41241 N. Blackhawk Trail, Wadsworth IL 60083
(Current mailing address)

8. Service of Medical Equipment
(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: Joe Nessi

Office Address: 213 Monastery Ct

Valrico, Florida 33594
(City) (Zip code)

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SECRETARY OF STATE
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.

Joseph P. Nessi
(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: Joseph Nessi

Address: 213 Monastery Ct

Valrico, FL 33594

Vice Chairman: Richard Bobholz

Address: 1312 Medinah ST.

Bensenville, IL 60106

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Joseph Nessi

Address: _____

Vice President: Richard Bobholz

Address: _____

Secretary: Tom McCord

Address: 1719 S. 81st ST, West Allis WI 53214

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

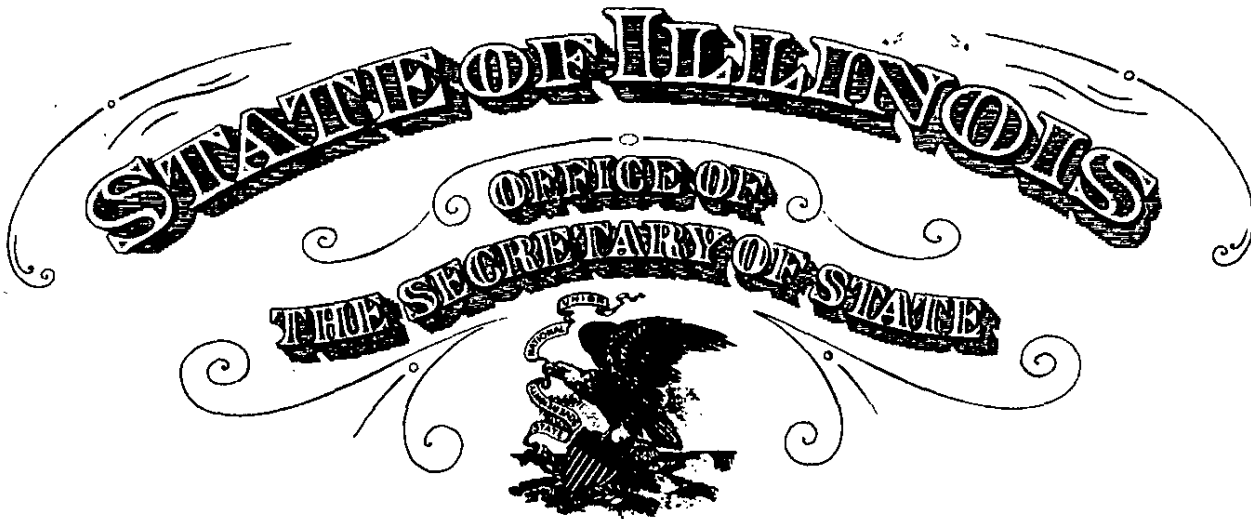
The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Joseph P. Nessi

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

14 JUN 28 PM 2:22
SECRETARY'S OFFICE
TALLAHASSEE, FLORIDA

File Number 5912-035-2



To all to whom these Presents Shall Come, Greeting:

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

DEPENDABLE STERILIZER REPAIR, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 15, 1996, 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.

JUN 23 PM 2:22
STATE OF ILLINOIS
JAN 23 PM 2:22
MASSACHUSETTS



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 18TH day of JUNE A.D. 2014 .

Jesse White

Authentication #: 1416901796

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

SECRETARY OF STATE