

F14000005050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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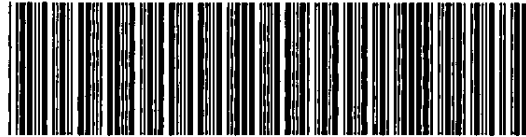
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FBI - NEW YORK

W14-69783

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** SMI Corporation  
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:

RAYMOND L. NEWKIRK, Ph.D.  
Name of Person

SMI Corporation  
Firm/Company

2357 LAKE DEBRA DR., APT 722  
Address

Orlando, FL 32835  
City/State and Zip code

RNEWKIRK@SMI-C-INFO  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAY NEWKIRK at (407) 203 5513  
Name of Person 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

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14 DEC - 1 PM 4:28  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

November 19, 2014

RAYMOND L. NEWKIRK, PH.D.  
2357 LAKE DEBRA DR APT 722  
ORLANDO, FL 32835

SUBJECT: SMI CORPORATION  
Ref. Number: W14000069783

We have received your document for SMI CORPORATION and your check(s) totaling \$70.00. 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.

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: 714A00024602

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

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

2. WY 3. 47-1913763  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12-5-2013 5. PERPETUAL  
(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. 3251 Progress Drive, Ste A Orlando 32826  
(Principal office address)

2357 Lake Debra Dr. apt. 722 Orlando, FL 32835  
(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: RAY NEWKIRK

Office Address: 2357 Lake Debra Dr. apt. 722  
Orlando, Florida 32835  
(City) (Zip code)

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**9. 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.*

Raymond L. Newkirk, Ph.D.  
(Registered agent's signature)

10. 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.

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

**A. DIRECTORS**

Chairman: RAYMOND L. NEWKIRK, Ph.D.

Address: 2357 Lake Debra Dr., apt 722  
Orlando, FL 32835

Vice Chairman: FELICISIMA CALMA NEWKIRK

Address: 2357 Lake Debra Dr. APT 722  
Orlando, FL 32835

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: RAYMOND L. NEWKIRK, Ph.D.

Address: 2357 Lake Debra Dr. APT 722  
Orlando, FL 32835

Vice President: ROMEO MAGWIKI

Address: 2357 LAKE DEBRA DR. APT 722  
ORLANDO, FL 32835

Secretary: RAYMOND L. NEWKIRK, Ph.D.

Address: 2357 LAKE DEBRA DR. APT 722 ORLANDO  
32835

Treasurer: FELICISIMA CALMA NEWKIRK

Address: 2357 LAKE DEBRA DR, APT 722 ORLANDO, 32835

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

12. Raymond L. Newkirk, Ph.D.  
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.

13. RAYMOND L. NEWKIRK Ph.D. PRESIDENT  
(Typed or printed name and capacity of person signing application)

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

**SMI Corporation**

is a

**Profit Corporation**

formed or qualified under the laws of Wyoming did on **December 5, 2013**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2013-000655165**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 30th day of October, 2014 at 12:22 PM. This certificate is assigned 016553424.



  
Secretary of State

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2014