

F150000001678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

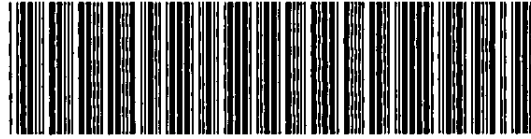
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 APR 17 PM 12:34
STATE OF MISSISSIPPI
TOLSON

MD 4/21

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Walter R. Below, D.M.D., 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:

Connie L. Ferrer
Name of Person
Wickens, Herzer, Panza, Cook & Batista Co.
Firm/Company
35765 Chester Road
Address
Avon, OH 44011
City/State and Zip code
cferrer@wickenslaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Connie L. Ferrer at (440) 695-8078
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

**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.

15 APR 17 PM 12:34
STATE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Walter R. Below, D.M.D., 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. Ohio 3. 02-0717789
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. December 11, 2003 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. 2900 SW 81st Terrace, Davie, FL 33328-1233
(Principal office address)

29143 Center Ridge Road, Westlake, OH 44145
(Current mailing address)

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

Name: Grace M. Hutter

Office Address: 2900 SW 81st Terrace

Davie, Florida 33328-1233
(City) (Zip code)

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.

x x Grace M. Hutter
(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Walter R. Below, D.M.D.

Address: 29143 Center Ridge Road

Westlake, OH 44145

Director: _____

Address: _____

B. OFFICERS

President: Walter R. Below, D.M.D.

Address: 29143 Center Ridge Road

Westlake, OH 44145

Vice President: _____

Address: _____

Secretary: Walter R. Below, D.M.D.

Address: 29143 Center Ridge Road, Westlake, OH 44145

Treasurer: Walter R. Below, D.M.D.

Address: 29143 Center Ridge Road, Westlake, OH 44145

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

12. Walter R. Below, D.M.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. Walter R. Below, D.M.D., President
(Typed or printed name and capacity of person signing application)

19 APR 17 PM 12:34
DEPARTMENT OF STATE
HALL

