

F 15000 004167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

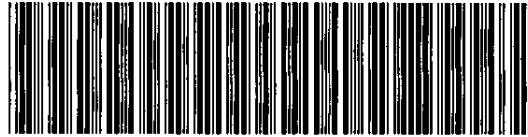
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/21/15--01016--012 **78.75

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TALLAHASSEE, FLORIDA

SEP 22 2015

J SHIVERS

SALLQUIST & DRUMMOND, P.C.
ATTORNEYS AT LAW
1430 EAST MISSOURI AVENUE
SUITE B-125
PHOENIX, ARIZONA 85014

GARY A. DRUMMOND

PHONE (602) 224-9222
FACSIMILE (602) 224-9366
E-MAIL gary@sd-law.com

September 15, 2015

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

Registration Section
Florida Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: SmartHealth Distribution Company/General
Our Reference No. 85029.00050

Dear Sir/Madam:

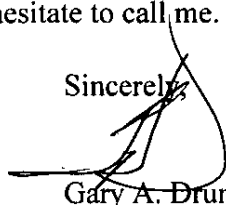
In connection with the above-referenced Corporation, enclosed for filing you will find the following documents:

1. One (1) Cover Letter;
2. One (1) original Application by a Foreign Corporation for Authorization to Transact Business in Florida;
3. One (1) original Certificate of Good Standing, dated September 15, 2015, issued by the Arizona Corporation Commission; and
4. This Firm's Check No. 3190, dated September 15, 2015, in the amount of \$78.75, payable to the order of the Florida Department of State.

Upon filing of the enclosed Application, please return a Certificate of Status to this Firm.

In the meantime, should you have any questions with regard to the foregoing, or the enclosed documents, please do not hesitate to call me.

Sincerely,



Gary A. Drummond
For the Firm

Enclosures

cc: Dan Nahom
Chris Clayton
Danielle Evans

85029.00050.96

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SmartHealth Distribution Company

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:

Stephanie Sawyer

Name of Person

Sallquist & Drummond, P.C.

Firm/Company

1430 E. Missouri Avenue, Suite B-125

Address

Phoenix, Arizona 85014

City/State and Zip code

stephanie@sd-law.com

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

For further information concerning this matter, please call:

Stephanie Sawyer

at (602) 224-9222

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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.**

SmartHealth Distribution Company

1. _____
(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. Arizona 3. 46-3004447
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 12, 2013 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. October 21, 2013
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3145 E. McDowell Road, Phoenix, Arizona 85008
(Principal office address)

3400 E. McDowell Road, Phoenix, Arizona 85008
(Current mailing address, if different)

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

Name: Registered Agent Solutions, Inc.

Office Address: 155 Office Plaza Drive, Suite A

Tallahassee, Florida 32301
(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.



Adam Jattana, Asst. Secretary
(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.

15 SEP 21 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Curtis P. Hamann, M.D.

Address: 3400 E. McDowell Road

Phoenix, Arizona 85008

Director: Beth R. Hamann, D.D.S.

Address: 3400 E. McDowell Road

Phoenix, Arizona 85008

B. OFFICERS

President: Curtis P. Hamann, M.D.

Address: 3400 E. McDowell Road

Phoenix, Arizona 85008

Vice President: _____

Address: _____

Secretary: Beth R. Hamann, D.D.S.

Address: 3400 E. McDowell Road, Phoenix, Arizona 85008

Treasurer: Beth R. Hamann, D.D.S.

Address: 3400 E. McDowell Road, Phoenix, Arizona 85008

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

12.  _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. Curtis P. Hamann, M.D., President

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

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RECEIVED
STATE OF ARIZONA
DEPARTMENT OF STATE

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Jodi A. Jerich, Executive Director of the Arizona Corporation Commission, do hereby certify that

*****SMARTHEALTH DISTRIBUTION COMPANY*****

a domestic corporation organized under the laws of the State of Arizona, did incorporate on June 12 2013.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said corporation is not administratively dissolved for failure to comply with the provisions of the Arizona Business Corporation Act; and that its most recent Annual Report, subject to the provisions of A.R.S. sections 10-122, 10-123, 10-125 & 10-1622, has been delivered to the Arizona Corporation Commission for filing; and that the said corporation has not filed Articles of Dissolution as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 15th day of September, 2015, A. D.



Jodi A. Jerich
Jodi A. Jerich, Executive Director

By: 1292724

15 SEP 21 AM 8:31
OFFICE OF THE ARIZONA CORPORATION COMMISSION