

F16000001086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

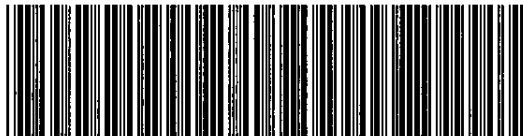
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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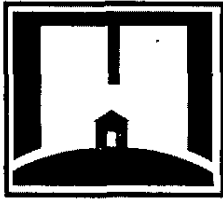
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TALLAHASSEE, FL 32305

03/08/16--01009--029 **78.75

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K. SALY
EXAMINER

MAR -8



Hagen Law Firm

REAL ESTATE LAW STRATEGIES
Advising Southwest Florida Since 1985

March 4, 2016

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Sport & Spinal Rehab, Professional Service Corporation
Application by Foreign Corporation for Authorization
to Transact Business in Florida

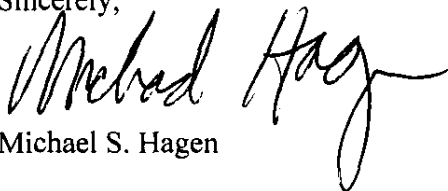
Dear Sir or Madame:

Please find enclosed the attached application, together with the \$78.75 filing fee & Certificate of Status and an original Office of Minnesota Secretary of State Certificate of Good Standing.

Please contact me with any questions.

Thank you for your assistance in this matter.

Sincerely,



Michael S. Hagen

cc: Katia Wickmann at todd_wickmann@comcast.net

MSH/sdl

COVER LETTER

TO: Registration Section
Division of Corporations
Sport & Spinal Rehab, Professional Service Corporation

SUBJECT: _____
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:
Michael S. Hagen, Attorney

_____	Name of Person
Hagen Law Firm	
_____	Firm/Company
6249 Presidential Ct., Ste F	
_____	Address
Fort Myers, FL 33919	
_____	City/State and Zip code
info@mikehagen.com	
_____	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael S. Hagen	239	275-0808
_____	at (_____)	_____
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:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input checked="" type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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.*

Sport & Spinal Rehab, Professional Service Corporation

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)
Minnesota

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
06/18/2001

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
03/04/2016

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
11300 Lindbergh Blvd. #110, Fort Myers FL 33913

7. _____
(Principal office address)

(Current mailing address, if different)

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

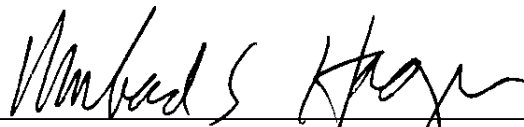
Name: Michael S. Hagen

Office Address: 6249 Presidential Ct., Ste F

Fort Myers 33919
_____, Florida _____
(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.



(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Katia Mayela Wickmann

Address: 11300 Lindbergh Blvd. #110 Fort Myers FL 33913

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: Katia Wickmann

Address: 11300 Lindbergh Blvd. #110 Fort Myers FL 33913

Vice President:

Address:

Secretary: Katia Wickmann

Address: 11300 Lindbergh Blvd. #110 Fort Myers FL 33913

Treasurer: Katia Wickmann

Address: 11300 Lindbergh Blvd. #110 Fort Myers FL 33913

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

12. Katia Wickmann

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. Michael S. Hagen, attorney and agent for applicant

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

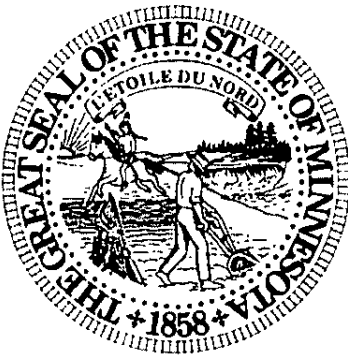
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Sport & Spinal Rehab, Professional Service Corporation
Date Filed:	06/18/2001
File Number:	11S-31
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 03/04/2016



Steve Simon

Steve Simon
Secretary of State
State of Minnesota

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA