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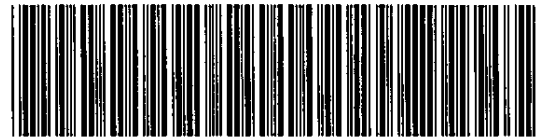
(Business Entity Name)

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KELLEHER & BUCKLEY, LLC

ATTORNEYS AT LAW

102 S. WYNSTONE PARK DR. | NORTH BARRINGTON, IL. 60010
TEL: 847-382-9130 | FAX: 847-382-9135 | WWW.KELLEHERBUCKLEY.COM

DAVID P. BUCKLEY, JR., J.D., C.P.A.¹
ANDREW J. KELLEHER, JR., J.D., C.P.A., LL.M.^{1,4}

A LIMITED LIABILITY COMPANY
INCLUDING PROFESSIONAL CORPORATIONS

WARREN R. FULLER, J.D.
ROBERT F. KRUG, JR., J.D.
MICHAEL P. McELROY, J.D.
MARTHA E. McHUGH, J.D.
VASILI D. RUSSIS, J.D., C.P.A.
HELMUT E. GERLACH, J.D.^{5,6}
LINDA S. FINE, J.D.
ROBERT A. HOLLAND, J.D., C.P.A.²
RAYMOND M. RUDNICK, J.D.
MICHAEL GNESIN, J.D.
SAMUEL J.H. WEYERS, J.D.

DEANNA L. AGUINAGA, J.D.
NICOLE S. ARNOLD, J.D.
ANDREW B. FULLER, J.D.
CAROLINE E. HECHT, J.D.³
JOSEPH P. HUDETZ, J.D.
KEITH A. ZERMAN, J.D.

OF COUNSEL:
ROBIN R. KELLEHER, J.D.
RONALD B. KOWALCZYK, J.D.
HON. HENRY "SKIP" TONIGAN, RET

ATTORNEYS ALSO LICENSED IN FLORIDA¹, CALIFORNIA²,
WISCONSIN¹, ARIZONA¹, MARYLAND⁵ & DISTRICT OF COLUMBIA⁶

December 6, 2016

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

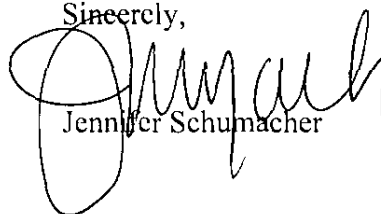
Re: Smith Medical, Ltd.

Dear Sirs:

Enclosed please find the Cover Letter and related documents to the above referenced corporation for filing. Please file the Application by Foreign Corporation and return a file stamped copy to me. Also, enclosed is the requisite filing fee of \$78.75.

Please do not hesitate to call if you have any questions.

Sincerely,


Jennifer Schumacher

Enc.

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16 DEC 12 AM 11:30
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMITH MEDICAL, LTD.

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:

JENNIFER SCHUMACHER

Name of Person

KELLEHER & BUCKLEY, LLC

Firm/Company

102 S. WYNSTONE PARK DRIVE, SUITE 100

Address

NORTH BARRINGTON, IL 60010

City/State and Zip code

RSMITH122@MAC.COM

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

For further information concerning this matter, please call:

JENNIFER SCHUMACHER

847

382-9130

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

SMITH MEDICAL, LTD., INC.

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)

ILLINOIS

2. _____ 3. 36-3563139
(State or country under the law of which it is incorporated) (FEI number, if applicable)

3/8/1988

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

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

26111 MANDEVILLA DRIVE, BONITA SPRINGS, FL 34134

7. _____
(Principal office address)

(Current mailing address, if different)

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

Name: RICHARD C. SMITH

Office Address: 26111 MANDEVILLA DRIVE

BONITA SPRINGS, Florida 34134
(City) (Zip code)

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HALL COUNTY CLERK
TALLAHASSEE, FLORIDA

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.

Richard C. Smith

(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: RICHARD C. SMITH
Address: 26111 MANDEVILLA DRIVE
BONITA SPRINGS, FL. 34134

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: RICHARD C. SMITH
Address: 26111 MANDEVILLA DRIVE
BONITA SPRINGS, FL. 34134

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: BARBARA A. SMITH

Address: 26111 MANDEVILLA DRIVE, BONITA SPRINGS, FL. 34134

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

12. Richard C. Smith
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. RICHARD C. SMITH, DIRECTOR

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

FILED
16 DEC 12 AM 11:30
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
FLORIDA

File Number

5498-652-1



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

SMITH MEDICAL, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 01, 1988, 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.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 1ST
day of DECEMBER A.D. 2016 .

FILED
16 DEC 12 AM 11:30
ILLINOIS STATE
CAPITOL BUILDING
SPRINGFIELD, ILLINOIS

Jesse White

SECRETARY OF STATE