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SECRETARY OF STAFF

J. WARRIS

COVER LETTER

TO:	Registration Section				
	Division of Corpor				
		MPAOLO HEARING IN	IC		
SUBJ	ECT:	- 		 -	
		Name of corpo	ration -	must include suffix	
Dear S	Sir or Madam:				
"Certi	ficate of Existence,"		d Standi	ng" and check are sub	et Business in Florida," mitted to register the
	return all correspond KUTIK	dence concerning this	matter to	the following:	
		Nat	ne of Pe	rson	
KUTII	K-GIAMPAOLO HEA		110 01 1 0		
		Firn	ı/Compa	ny	
15815	MENTON BAY COU			· · ·	
			A 11		
DELR	AY BEACH, FL 33446	j	Address		
· · · ·		City/S	State and	Zip code	
donkut	tik@att.net	·		•	
		E-mail address: (to be	used for	future annual report r	notification)
For fu	rther information cor	cerning this matter, p	lease cal	1:	
		-		205 500	
DON I	F. KUTIK	561		307-5005	
	Name of Person	at (Are	a Code	Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section			MAILING ADDRESS: Registration Section		
Division of Corporations			Division of Corporations		
Clifton Building 2661 Executive Center Circle			P.O. Box 6327 Tallahassee, FL 32314		
	Tallahassee, FL 32			ramanassee, r	L 32314
Enclo	sed is a check for the	following amount:		•	
□ \$7	0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Statu		\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certificate of Status & Certified Copy

January 25, 2017

DON KUTIK 15815 MENTON BAY COURT DELRAY BEACH, FL 33446

SUBJECT: KUTIK-GIAMPAOLO HEARING, INC.

Ref. Number: W17000006842

We have received your document for KUTIK-GIAMPAOLO HEARING, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 317A00001526

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. KUTIK-GIAMPAOLO HEARING 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) 47-3774380 2. (FEI number, if applicable) (State or country under the law of which it is incorporated) (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 15815 MENTON BAY COURT DELRAY BEACH FL 33446 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) DON F. KUTIK Name: 15815 MENTON BAY COURT Office Address: DELRAY BEACH (City) 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.

Lon F Kulik (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: ___ Address: ______ Director: Address: ______ **B. OFFICERS** PAUL GIAMPAOLO President: 377 E. BUTTERFIELD RD #240 Address: LOMBARD, IL 60148-5615 DON KUTIK Vice President: 15815 MENTON BAY COURT Address: DELRAY BEACH, FL 33446 Secretary: Address: ____ Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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

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

a third degree felony as provided for in s.817.155, F.S.

DON F. KUTIK

13. ____



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

KUTIK-GIAMPAOLO HEARING, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 03, 2015, 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 3RD day of JANUARY A.D. 2017.

Authentication #: 1700301682 verifiable until 01/03/2018
Authenticate at: http://www.cyberdriveillnois.com

esse White

SECRETARY OF STATE