

F17000001921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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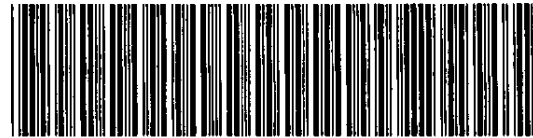
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/07/17--01002--020 **70.00

04/25/17--01026--001 **650.00

FILED
CLERK OF STATE
17 APR 24 AM 9:42

APR 28 2017
J. HARRIS

17000001921

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Innovative Healthcare Systems, 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:

Dana Kilmer

Name of Person

Innovative Healthcare Systems, Inc.

Firm/Company

416 West 15th Street, building 300, Suite A-1

Address

Edmond, OK 73013

City/State and Zip code

dkilmer@ihhsi.com

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

For further information concerning this matter, please call:

Dana Kilmer

405

705-5959

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:

- ☒ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 8, 2017

DANA KILMER
416 WEST 15TH STREET, BLDG 300, STE A1
EDMOND, OK 73013

SUBJECT: IHSI
Ref. Number: W17000019404

We have received your document for IHSI and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$650.00.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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: 917A00004466

2017 APR 24 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 APR 24 AM 9:42

**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.*

Innovative Healthcare Systems, Inc.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

IHSI, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Oklahoma 3. 73-1505274
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/11/1996 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. March 7, 2016
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1899 Reserve Boulevard, Apartment #127, Gulf Breeze, Florida 32563
(Principal office address)

416 West 15th Street, Bldg 300, Ste A-1, Edmond, OK 73013
(Current mailing address, if different)

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

Name: Business Filings Incorporated

Office Address: 1200 South Pine Island Road
Plantation, 33324
(City) , Florida (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.

Mary Jo Spalinger, Asst. Sec. for Business Filings
(Registered agent's signature) Incorporated

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.

FILED
SECRETARY OF STATE
17 APR 24 AM 9:48

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Ron M. Decker

Address: 11017 Old River Trail

Edmond, OK 73013

Director: Shawn S. Rohrer

Address: 2725 Mesquite Lane

Edmond, OK 73034

B. OFFICERS

President: Ron M. Decker

Address: 11017 Old River Trail

Edmond, OK 73013

Vice President: _____

Address: _____

Secretary: Shawn S. Rohrer

Address: 2725 Mesquite Lane, Edmond, OK 73034

Treasurer: Shawn S. Rohrer

Address: 2725 Mesquite Lane, Edmond, OK 73034

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. Ron M Decker President

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

FILED
REGISTRY OF STATE
DOCUMENTS
17 APR 24 AM 9:42

OFFICE OF THE SECRETARY OF STATE



**CERTIFICATE OF GOOD STANDING
DOMESTIC FOR PROFIT BUSINESS CORPORATION**

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that INNOVATIVE HEALTHCARE SYSTEMS, INC. whose registered agent is RON M DECKER with its registered office at 416 W 15TH BLDG 300 STE A1 EDMOND 73034 USA Oklahoma is a Domestic For Profit Business Corporation duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 22nd, day of February, 2017.

A handwritten signature in cursive script, appearing to read "Ed Wall", is written over a horizontal line.

Secretary Of State