## F170000003972

(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:					





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S. WARREN JUL 0 3 2017

## **COVER LETTER**

TO:	Registration Sec Division of Cor	porations	t.		
SUBJECT: Syncay Swaicalists Inc.  Name of corporation - must include suffix					
		Name of corporation	n - must include suffix		
Dear S	ir 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 corresp	ondence concerning this matte	er to the following:		
Jayne L Rasmussen  Name of Person					
Synergy Surgicalists Inc					
Firm/Company					
280 W Kagy Blvd Ste D#320 Address					
Address					
Bozeman MT 59715					
City/State and Zip code					
E-mail address (to be used for future annual report notification)					
E-mail address (to be used for future annual report notification)					
For fur	ther information	concerning this matter, please	call:		
	CYNELRO Name of Person	SMUSSEN at ( <u>888</u> Area Co	(S) S92-75 de Daytime Telep	175 X105 hone Number	
	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	oorations Center Circle	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	ection orporations 7	
Enclos	ed is a check for t	he following amount:			
<b>X</b> \$70	0.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy	



June 8, 2017

JAYNE L RASMUSSEN 280 W KAGY BLVD STE D #320 BOZEMAN, MT 59715

SUBJECT: SYNERGY SURGICALISTS, INC.

Ref. Number: W17000048549

See attached . Corrections

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

The document must contain both the street address of the principal office and the mailing address of the entity.

Please list the complete principal office address.

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: 517A00011639

PRECEIVER

291 JUN 27 MERGE

ECRETARY OF STATE

LAHASSEF OF ORDER

## 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. (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) (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of Incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 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.

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: John D. Campbell MD	
Address: Z80 W Kagy Blvd 5k D # 380	<u> </u>
Chairman: John D. Cumpbell MD  Address: Z80 W Kagy Blvd 5k D # 300  Bollman Mr 59715	
Vice Chairman:	
Address:	
claha D Campball MD	
Director: Uphn D Campbell MD  Address: 280 W Kagy Bluck Ste D #300	<u> </u>
Bozeman, My 59715	<u> </u>
Director: Rand Schleusener MD	
Address: 280 W Kagy Blvd Ste D #300	······································
BOZEMAN, MT 59710	
B. OFFICERS	en a Comment
President: John D. Campbell MD	<b>二月</b> 7 <u>4</u>
Address:SAme_	2 m
- 1 Process	
Vice President: Jayne L Rasmussen	
Address: SAME	- <del>2</del>
Secretary:	
Address:	······································
Treasurer: Rand Schleusener MD	
Address:Same	
NOTE: If necessary, you may attach an addendum to the application listing	additional officers and/or directors.
12. Affini Krasm	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 1	I above) affirms that the facts stated herein
are true and that he or she is aware that false information submitted in a doct a third degree felony as provided for in s.817.155, F.S.	ument to the Department of State constitutes
13. Jayne L. Rasmussen, VP Finance	e/oferations
(Typed or printed name and capacity of person sign	ing application)

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SYNERGY SURGICALISTS, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF MAY, A.D. 2017.

5126392 8300 SR# 20173929904 Authentication: 202590852

Date: 05-23-17