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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

Air Care of Michigan, Inc.

**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:

Andrew C. Burrows

\_\_\_\_\_  
Name of Person

Williams & Knack, P.C.

\_\_\_\_\_  
Firm/Company

10299 Grand River Road, Suite 1

\_\_\_\_\_  
Address

Brighton, MI 48116

\_\_\_\_\_  
City/State and Zip code

aburrows@williamsandknack.com

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

For further information concerning this matter, please call:

Andrew C. Burrows

810 534-0700

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

# 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.

Air Care of Michigan, 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)

2. Michigan 47-0853778

3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/08/2002 5. \_\_\_\_\_

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

6. 9/15/2017

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

7. 979 South Old US 23, Brighton, MI 48114

7. \_\_\_\_\_  
(Principal office address)

17 OCT 2002  
RECEIVED  
FLORIDA  
DEPARTMENT  
OF STATE  
REGISTRATION  
AND  
LICENSE  
DIVISION  
OF  
CORPORATIONS  
AND  
PARTNERSHIPS

FILED  
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FLORIDA  
DEPARTMENT  
OF STATE  
REGISTRATION  
AND  
LICENSE  
DIVISION  
OF  
CORPORATIONS  
AND  
PARTNERSHIPS

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

Name: Monica Ouellette

Office Address: 145 East Alachua Lane Unit 1

Cocoa Beach, Florida 32931  
(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.*

Monica Ouellette

(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: Gerald T. Clark

Address: 979 South Old US 23, Brighton, MI 48114

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Gerald T. Clark

Address: 979 South Old US 23, Brighton, MI 48114

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

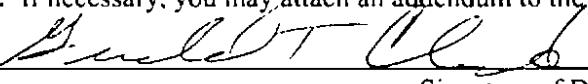
Secretary: Gerald T. Clark

Address: 979 South Old US 23, Brighton, MI 48114

Treasurer: Gerald T. Clark

Address: 979 South Old US 23, Brighton, MI 48114

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

12. 

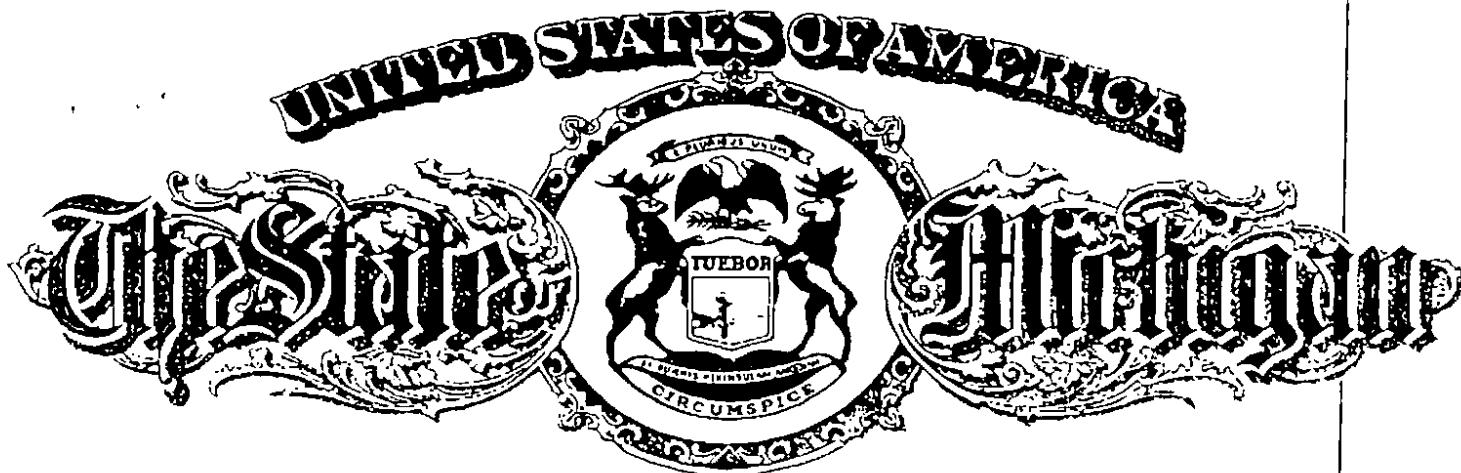
Signature of Director or Officer

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. Gerald T. Clark

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

17 OCT 23 PM-2-49  
SEARCHED INDEXED  
FILED



## Department of Licensing and Regulatory Affairs

Lansing, Michigan

*This is to Certify That*

**AIR CARE OF MICHIGAN, INC.**

*was validly incorporated on March 8, 2002, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.*

*This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.*



*In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 13th day of September, 2017.*

*Julia Dale*

Julia Dale, Director  
Corporations, Securities & Commercial Licensing Bureau

Sent by Facsimile Transmission  
1466951