F17000005011

(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:
cert W17-78134
10/23/17
RA name per Ryan Wrigley

Office Use Only

300303919133

09/29/17--01018--019 **87.50

11/07/17--01032--019 **800.00

FILED
17 NOV -6 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN
NOV 07 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 23, 2017

RYAN WRIGLEY
43W752 US HIGHWAY 30, SUITE 2F
SUGAR GROVE, IL 60554

SUBJECT: AEROCARE MEDICAL TRANSPORT SYSTEM, INC. AN ILLINOIS CORPORATION
Ref. Number: W17000078134

We have received your document for AEROCARE MEDICAL TRANSPORT SYSTEM, INC. AN ILLINOIS CORPORATION and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

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 $800.00.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 617A00021362

October 31, 2017

FLORIDA DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

RE: AEROCARE MEDICAL TRANSPORT SYSTEM, INC., AN ILLINOIS CORPORATION
Ref. Number: W17000078134

Please see attached the check for the amount due to cover both the annual report(s) and penalty fees of $800.00 as detailed in Letter Number 617A00021362 for our Foreign Corporation Filing.

Let me know if you need anything else.

Thank you,

Ryan Wrigley
Chief Financial Officer
AeroCare Medical Transport System, Inc
(P) 800-823-1911 (US/Canada toll-free)
(P) 630-466-0800
(F) 630-466-1336
(C) 815-343-0763

October 18th, 2017

FLORIDA DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

RE: AEROCARE MEDICAL TRANSPORT SYSTEM, INC. AN ILLINOIS CORPORATION
Ref. Number: W17000078134

Please see attached the Certificate of Good Standing from the State of Illinois dated September 7th, 2017 for AeroCare Medical Transport System, Inc. Contact me if you need anything else in order to process the Foreign Corporation Registration.

Thank you,

Ryan Wrigley
Chief Financial Officer
AeroCare Medical Transport System, Inc
(P) 800-823-1911 (US/Canada toll-free)
(P) 630-466-0800
(F) 630-466-1336
(C) 815-343-0763

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 2, 2017

RYAN WRIGLEY
43W752 US HIGHWAY 30, SUITE 2F
SUGAR GROVE, IL 60554

SUBJECT: AEROCARE MEDICAL TRANSPORT SYSTEM, INC. AN ILLINOIS CORPORATION
Ref. Number: W17000078134

We have received your document for AEROCARE MEDICAL TRANSPORT SYSTEM, INC. AN ILLINOIS CORPORATION and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 917A00019858

COVER LETTER

TO: Registration Section
Division of Corporations
AeroCare Medical Transport System, 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:
Ryan Wrigley
Name of Person

AeroCare Medical Transport System, Inc.
Firm/Company

43W752 US Highway 30, Suite 2F
Address

Sugar Grove, IL 60554
City/State and Zip code

rwrigley@aerocare.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ryan Wrigley at (630) 466-0800
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.

1. AeroCare Medical Transport System, Inc.
(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.")

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

2. Illinois
(State or country under the law of which it is incorporated)

3. 36-3531506
(FEI number, if applicable)

4. 6/1/1994
(Date of incorporation)

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

6. 11/1/2015
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 43W752 US Highway 30, Suite 2F, Sugar Grove, IL 60554
(Principal office address)

_____
(Current mailing address, if different)

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TALLAHASSEE, FLORIDA

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

Name: Ryan Wrigley

Office Address: 1755 NW 51st Place, Hanger 74, Suite 103

Ft. Lauderdale, Florida 33309
(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.

_____
(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: Joseph D. Cece

Address: 43W752 US Highway 30, Suite 2F, Sugar Grove, IL 60554

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Joseph D. Cece

Address: 43W752 US Highway 30, Suite 2F, Sugar Grove, IL 60554

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: Ryan Wrigley

Address: 43W752 US Highway 30, Suite 2F, Sugar Grove, IL 60554

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TALLAHASSEE, FLORIDA

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

File Number 5475-273-3

STANDARD OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

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

AEROCARE MEDICAL TRANSPORT SYSTEM, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 30, 1987, 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* 7TH *day of* SEPTEMBER *A.D.* 2017 .

Authentication #: 1725001912 verifiable until 09/07/2018
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE