

F17000005137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

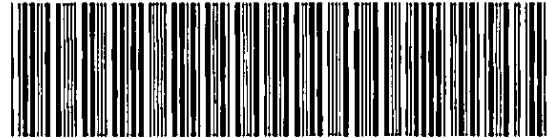
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/14/17--01041--008 **70.00

FILED
17 NOV 13 PM 4:20
CLERK OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

NOV 15 2017

2017 NOV 13 AM 11:30

CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Banyan Medical Services, 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:

Ryan Scott

Name of Person

Welch Law Firm, P.C.

Firm/Company

1299 Farnam Street, Suite 1220

Address

Omaha, NE 68102

City/State and Zip code

ryan@welchlawfirm.com

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

For further information concerning this matter, please call:

Ryan Scott

402

341-1200

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

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

2. Nebraska 3. 82-2974375
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/22/2017 (Date of incorporation) 5. _____ (Date of duration, if other than perpetual)

6. Upon Filing

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

7. 4106 S. 87th Street, Omaha, NE 68127
(Principal office address)

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

Office Address: 115 North Calhoun Street, Suite 4
Tallahassee , Florida 32301
 (City) (Zip code)

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.

Joni Wallace
(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.

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17 NOV 13 PM 4:20
SAC, NEW YORK
AIRTEL TO DIRECTOR, FBI
FROM SAC, NEWARK

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

A. DIRECTORS

Chairman: Anthony Buda
Address: 4106 S. 87th Street
Omaha, NE 68127

Vice Chairman: N/A
Address: _____

Director: Anthony Buda
Address: 4106 S. 87th Street
Omaha, NE 68127

Director: Ryan Scott
Address: 4106 S. 87th Street
Omaha, NE 68127

B. OFFICERS

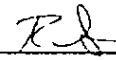
President: Anthony Buda
Address: 4106 S. 87th Street
Omaha, NE 68127

Vice President: Ryan Scott
Address: 1299 Farnam Street, Suite 1220
Omaha, NE 68102

Secretary: Ryan Scott
Address: 1299 Farnam Street, Suite 1220, Omaha, NE 68102

Treasurer: Ryan Scott
Address: 1299 Farnam Street, Suite 1220, Omaha, NE 68102

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

STATE OF NEBRASKA

United States of America, } ss.
State of Nebraska }

Secretary of State
State Capitol
Lincoln, Nebraska

I, John A. Gale, Secretary of State of the
State of Nebraska, do hereby certify that

BANYAN MEDICAL SERVICES, INC.

**incorporated on September 22, 2017 and is duly incorporated under the law
of Nebraska;**

**that no occupation taxes due from and assessable against the Corporation are
unpaid and have become delinquent;**

**that no annual or biennial report required to be forwarded by the
Corporation to the Secretary of State has become delinquent;**

that Articles of Dissolution have not been filed.

*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.*

In Testimony Whereof,

I have hereunto set my hand and
affixed the Great Seal of the
State of Nebraska on this date of

November 7, 2017



John A. Gale
Secretary of State