

F18000004098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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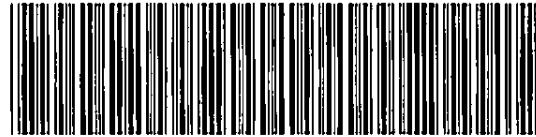
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN
SEP 6 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Land Medical Associates, S.C.
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:

Theodore R. Walters, Esq.

Name of Person

Porter Wright Morris & Arthur, LLP

Firm/Company

9132 Strada Place, Third Floor

Address

Naples, FL 34108

City/State and Zip code

twalters@porterwright.com

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

For further information concerning this matter, please call:

Theodore R. Walters, Esq.

Name of Person

at (239)

Area Code

593-2965

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. Land Medical Associates, S.C., Inc.
(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. Illinois 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/15/2005 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 7564 Silver Trumpet Lane, #101, Naples, FL 34109
(Principal office address)

(Current mailing address, if different)

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

Name: Theodore R. Walters, Esq.
Porter Wright Morris & Arthur, LLP
Office Address: 9132 Strada Place, Third Floor
Naples, Florida 34108
(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.

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

A. DIRECTORS

Chairman: Spencer Land, MD

Address: 7564 Silver Trumpet Lane, #101, Naples, FL 34109

Vice Chairman

Address:

Director

Address:

Director

Address:

B. OFFICERS

President: Spencer Land, MD

Address: 7564 Silver Trumpet Lane, #101, Naples, FL 34109

Vice President

Address:

Secretary

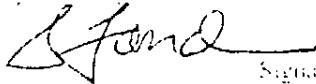
Address:

Treasurer

Address:

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

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Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11) so certifies that the facts stated herein are true and that he or she is aware that the information submitted in a document to the Department of State constitutes a false degree felony as provided for in s 877.155, F.S.

13. Spencer Land, MD, President

(Type full printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

File Number

6416-918-1



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

LAND MEDICAL ASSOCIATES, S.C., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 15, 2005, 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 23RD
day of AUGUST A.D. 2018 .***

Jesse White

SECRETARY OF STATE