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(Address)

(City/State/Zip/Phone #)

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COGENCYGLOBAL.COM

Account#: 120000000088

Date: 11/16/2018

Name: MICHAEL PETERSON

Reference #: 1015610

Entity Name: GRAFTON MEDICAL ALLIANCE INC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$70.00

Signature: 

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GRAFTON MEDICAL ALLIANCE 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:

JASON SHERWOOD

Name of Person

SHERWOOD LAW GROUP

Firm/Company

218 N JEFFERSON STREET, STE 401

Address

CHICAGO, IL 60661

City/State and Zip code

JHS@SHERWOODLAWGROUP.COM

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

For further information concerning this matter, please call:

JASON SHERWOOD

Name of Person

at (312)

Area Code

627-1650

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. GRAFTON MEDICAL ALLIANCE 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. 04/07/2011 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 11/01/2018
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 7416 S COUNTY LINE RD, STE E, BURR RIDGE, IL 60527
(Principal office address)

(Current mailing address, if different)

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

Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun Street, Suite 4

Tallahassee, Florida 32301
(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: JAMES HENRY
Address: 7416 S COUNTY LINE RD, STE E
BURR RIDGE, IL 60527

Vice Chairman: JEROME SUMMERS
Address: 7416 S COUNTY LINE RD, STE E
BURR RIDGE, IL 60527

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: JAMES HENRY
Address: 7416 S COUNTY LINE RD, STE E
BURR RIDGE, IL 60527

Vice President: JEROME SUMMERS
Address: 7416 S COUNTY LINE RD, STE E
BURR RIDGE, IL 60527

Secretary: JEROME SUMMERS
Address: 7416 S COUNTY LINE RD, STE E, BURR RIDGE, IL 60527

Treasurer: JEROME SUMMERS
Address: 7416 S COUNTY LINE RD, STE E, BURR RIDGE, IL 60527

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

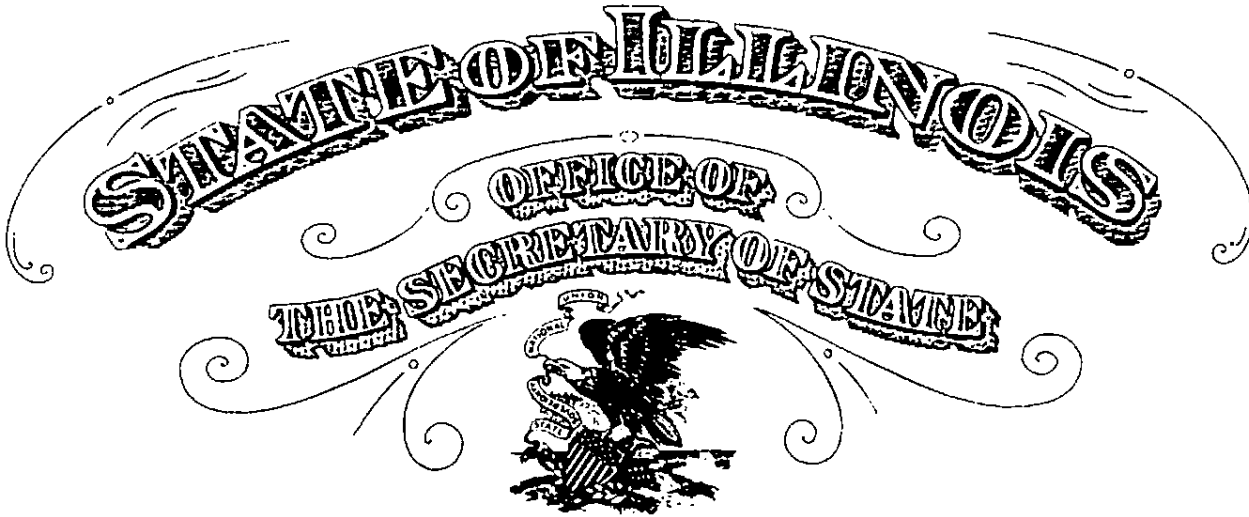
12. _____
Signature of Director or Officer

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. JAMES HENRY President
(Typed or printed name and capacity of person signing application)

File Number

6784-995-7



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

GRAFTON MEDICAL ALLIANCE, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 07, 2011, 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 15TH
day of NOVEMBER A.D. 2018 .***

Jesse White

SECRETARY OF STATE