

F1900000 3054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

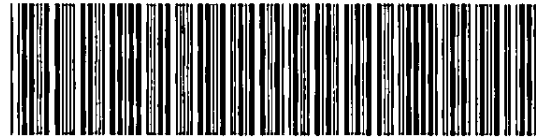
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600330268446

06/20/19--01026 -025 **70.00

2019 JUN 20 AM 11:45
CLERK OF SUPERIOR COURT
JUL 06 2019

FILED

D. BRUCE
JUL 06 2019



Streamlined Business Licensing

June 18, 2019

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: **Anderson Medical Supplies, Inc.**
Application for Foreign Qualification

To Whom It May Concern:

Enclosed please find an **Application for Foreign Qualification** for our client, **Anderson Medical Supplies, Inc.** Once the application has been processed, please forward evidence of approval to the mailing address on the application. If there is any issue, or if you require any further information, please do not hesitate to contact us.

Thank you,

LicenseLogix
2151 River Plaza Drive, Suite 195
Sacramento, CA 95833
service@licenselogix.com
(800) 292-0909

FILED
2019 JUN 20 AM 11:45
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

Anderson Medical Supplies, 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:

Kent Anderson

Name of Person

Anderson Medical Supplies, Inc.

Firm/Company

4893 Rochester Road Suite A

Address

Troy, Michigan 48085

City/State and Zip code

awalsh@andersonmedsupplies.com

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

For further information concerning this matter, please call:

Kent Anderson _____ at 248-509-7666
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

FILED
2019 JUN 20 AM 11:45
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

**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. Anderson Medical Supplies, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. Michigan 3. 46-0962075
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 09/11/2012 5. Perpetual
(Date of incorporation) (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. 4893 Rochester Road Suite A, Troy, Michigan 48085
(Principal office address)
- Same as principal address
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Registered Agent Solutions, Inc.
- Office Address: 155 Office Plaza Dr., Suite A
- 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.

FILED
2019 JUN 20 AM 11:45
TALLAHASSEE, FLORIDA
CLERK OF THE COURT

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Kent Anderson

Address: 4893 Rochester Road Suite A, Troy, Michigan 48085

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. ☒ 

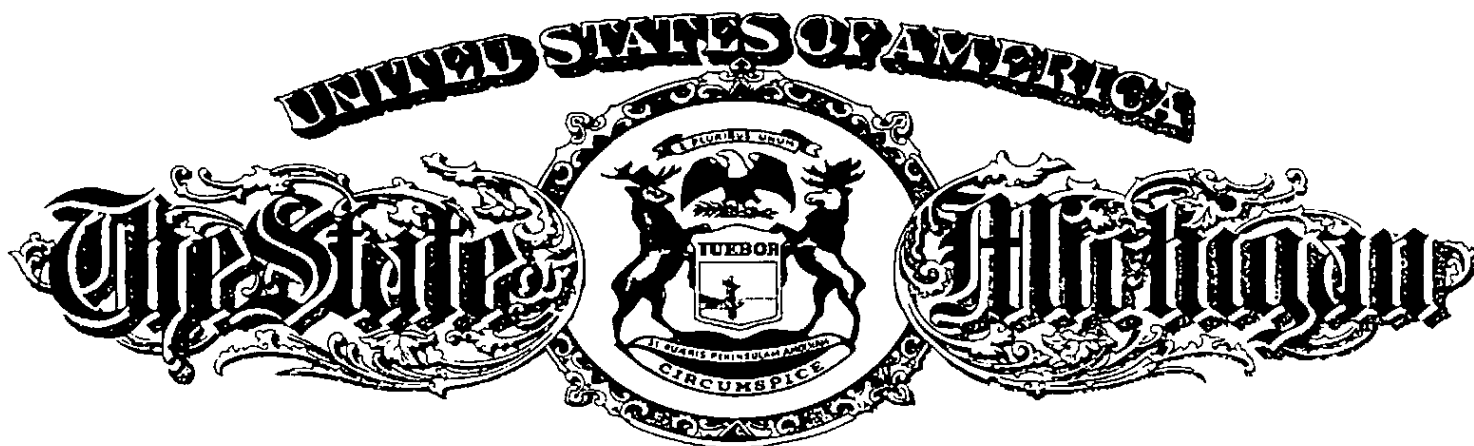
Signature of Director or Officer

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. Kent Anderson, President

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

FILED
2019 JUN 20 AM 11:45
CLERK OF THE COURT
STATE OF FLORIDA



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

ANDERSON MEDICAL SUPPLIES INC

*was validly incorporated on September 11 , 2012 as a Michigan DOMESTIC 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 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.*



Sent by electronic transmission

Certificate Number: 19053188560

*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 30th day of May , 2019.*

A handwritten signature in black ink, appearing to read "Julia Dale", is written over a horizontal line.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau