

F19000003230

(Requestor's Name)

(Address)

(Address)

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JUL 12 AM 8:42

Z BROWN

JUL 15 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OMNI MEDICAL SERVICES INC
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

RYAN OERTELL LAKIN

Name of Person

OMNI MEDICAL SERVICES INC

Firm/Company

1023 S CASS RD

Address

WATERFORD, MICHIGAN 48328

City/State and Zip Code

ryan.lakin.md@gmail.com

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

For further information concerning this matter, please call:

RYAN OERTELL LAKIN

Name of Person

at (312)
Area Code

720-9313

Daytime Telephone Number

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|--|---|--|

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. OMNI MEDICAL SERVICES INC

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like
import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained
in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

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

2. MICHIGAN

3. 35-2656855

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

(FEI number, if applicable)

4. 04/01/2019

5. PERPETUAL

(Date of Incorporation)

(Date of duration, if other than perpetual)

6.

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 1023 S CASS LAKE RD, WATERFORD, MICHIGAN 48328

(Principal office address)

(Current mailing address, if different)

8. MEDICAL SERVICES

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: PHILLIS CAMPBELL

Office Address: 4710 HABANA AVE, SUITE 304

TAMPA

Florida 33614

(City)

(Zip Code)

10. 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)

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: DAVID KOYLE

Address: 1023 S CASS LAKE RD

WATERFORD, MI 48328

Vice President: _____

Address: _____

Secretary: RYAN OERTELL LAKIN

Address: 241 N SUPERIOR ST, TOLEDO, OH 43604

Treasurer: PHILLIS CAMPBELL

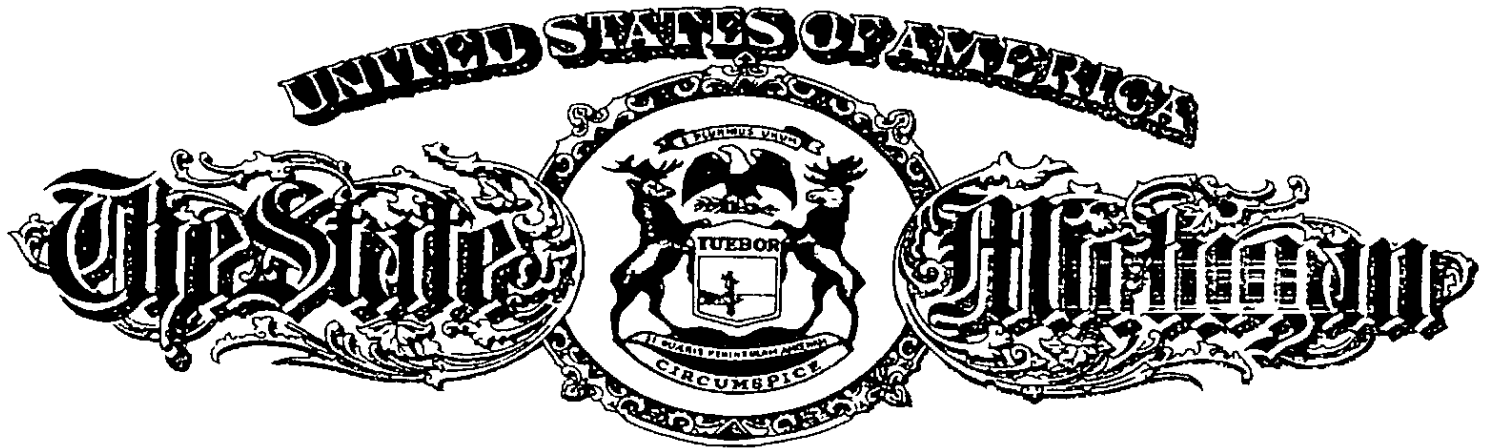
Address: 4710 HABANA AVE, SUITE 304, TAMPA, FL 33614

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

13. *Ryan Oertell Lakin*
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. RYAN OERTELL LAKIN
(Typed or printed name and capacity of person signing application)

FILED
JUL 12 PM 2:40
CLERK OF COURT
JUL 12 2011



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

OMNI MEDICAL SERVICES INC

was validly Incorporated on April 1, 2019 as a Michigan nonprofit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1982 PA 162 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to conduct affairs in Michigan 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.

In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 8th day of May, 2019.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau