

9/18/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

F190000004279

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000280296 3)))



H190002802963ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Sanford Clinic, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

2019 SEP 19 AM 8:41
17:08 AM 614386102

2019 SEP 19 AM 9:21

Electronic Filing Menu

Corporate Filing Menu

Help

B KINSEY
SEP 20 2019

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. Sanford Clinic, 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. South Dakota 3. _____
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7/21/1997 5. _____
 (Date of incorporation) (Date of duration, if other than perpetual)

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

7. 1305 W. 18th Street, Sioux Falls, SD 57105
 (Principal office address)

 (Current mailing address, if different)

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

Name: C T Corporation System
 1200 South Pine Island Road
 Office Address: Plantation, _____, Florida 33324
 (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.

C T Corporation System
 By: James M. Halpin James M. Halpin
 (Registered agent's signature) Assistant Secretary

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: Mark Paulson

Address: 1305 W. 18th Street

Sioux Falls, SD 57105

Vice Chairman: Brent Teiken

Address: 1305 W. 18th Street

Sioux Falls, SD 57105

Director: Don Jacobs

Address: 1305 W. 18th St.

Sioux Falls, SD 57105

Director: James Cain

Address: 1305 W. 18th St.

Sioux Falls, SD 57105

B. OFFICERS

President: Kelby Krabbenhoft

Address: 1305 W. 18th St.

Sioux Falls, SD 57105

Vice President:

Address:

Secretary: James Cain

Address: 1305 W. 13th St., Sioux Falls, SD 57105

Treasurer: Don Jacobs

Address: 1305 W. 18th St., Sioux Falls, SD 57105

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. Kelby Krabbenhoft, President and CEO

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

2019 SEP 19 AM 9:21

State of South Dakota

Office of the Secretary of State

Certificate of Good Standing

Domestic Nonprofit Corporation

I, **Steve Barnett**, Secretary of State of the State of South Dakota, hereby certify that

SANFORD CLINIC

Business ID: NS010818

was authorized to transact business in this state on: July 21, 1997.

I, further certify that **SANFORD CLINIC** has complied with the laws of this State relative to the formation of Certificate of Good Standing/Authorizations of its kind and is now regularly and properly organized and existing under the laws of this State and is in Good Standing, as shown by the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of its financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this day, September 18, 2019.

Steve Barnett

Steve Barnett
Secretary of State

09/18/2019 3:45 PM

Verification #: 012127114