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TRANSMITTAL LETTER

TO: Qualification/Registration Section  
Division of Corporations

500002757625--0  
-01/28/99--01070--005  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

SUBJECT: OKADA LTD.

(Name of Corporation)

500002757625--0  
-01/28/99--01070--005  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

*added INC. per  
phone conversation  
w/ Ms. Putnam*

PATTI P. PUTNAM

(Name of Person)

OKADA, LTD.

(Firm/Company)

6905 SO. ALOYSIA AVE.

(Address)

FLORAL CITY FL. 34436

(City, State and Zip Code)

For further information concerning this matter, please call:

PATTI PUTNAM

(Name of Person)

at ( 352 ) 344 - 2212

Area Code & Daytime Telephone Number

**COURIER ADDRESS:**  
Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**  
Qualification/Tax Lien Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

FILED  
99 JAN 28 PM 1:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*W 1/29*



Florida Department of State  
Division of Corporations  
Corporate Records  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Okada, Ltd.

1. Application By Foreign Not For Profit Corporation For Authorization To Conduct  
Its Affairs In Florida

2. Application For Registration Of Fictitious Name: Okada Specialty Guide Dogs

1/25/99

To Whom It May Concern:

1. We are enclosing our application for foreign not for profit corporation for authorization to conduct its affairs in Florida, the transmittal letter, our original certificate of existence from the State of Wisconsin, and our check #1052 in the amount of \$70.00. There is a second check #1053 in the amount of \$8.75 for a certificate of status. We apologize for sending the two checks rather than the one requested.

2. We are enclosing our application for registration of fictitious name: Okada Specialty Guide Dogs and our check #1254 in the amount of \$50.00. We understand from Mr. Lee Rivers that the Florida registration number will be filled in once the number has been assigned. Mr. Rivers also advised that we could include our fictitious name application and the check along with the application for our foreign not for profit corporation Florida application.

Thank you for your understanding in the above two matters. We look forward to an early reply.

Sincerely,

Patti P. Putnam  
Executive Director  
Registered Agent  
Okada, Ltd.



**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. OKADA, LTD. 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.)

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

3. FEI # 39-1562910  
(FEI number, if applicable)

4. APRIL 4, 1986  
(Date of Incorporation)

5. PERPETUAL  
(Duration: Year corp. will cease to exist on "perpetual")

6. AUGUST 1998  
(Date corporation first conducted Affairs in Florida -  
See sections 617.1501, 617.1502, and 817.155, F.S.)

7. 6905 SO. ALOKSIA AVE.  
FLORAL CITY, FL. 34436  
(Current mailing address)

8. TRAIN AND PLACE ASSISTANCE GUIDE DOGS FOR DISABLED  
(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:**

PATTI P. PUTNAM  
(Name)

6905 SO. ALOKSIA AVE.  
(Office address)

FLORAL CITY, Florida, 34436  
(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.

Patti P. Putnam  
(Registered agent's signature)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

12. Names and addresses of officers and/or directors: (Street address only- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: PATTI P. PUTNAM

Address: 6905 SO. ALDYSIA AVE.

FLORAL CITY, FL. 34436

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: SUZANNE EICH

Address: 34256 HOMESTEAD RD.

GURNEE, IL. 60013

Vice President: NANCY HOOK

Address: 2301 NORTH WASHINGTON ST.

JANESVILLE, WI. 53545

Secretary: PAM EDWARDS

Address: BOX 144 E. CREEK RD.

CLINTON, MI. 53525

Treasurer: DALE SMRZ

Address: 34256 HOMESTEAD RD.

GURNEE, IL. 60013

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

13. Patti P. Putnam  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

PATTI P. PUTNAM EX. DIRECTOR

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

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99 JAN 28 PM 1:39  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOM  
180 181 185

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, RICHARD L. DEAN, Secretary, Department of Financial Institutions, do hereby certify that

OKADA, LTD.

is a domestic corporation organized under the laws of this state and that its date of incorporation is  
APRIL 4, 1986.

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

I further certify that corporation has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921 or 181.1622, Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have  
— hereunto set my hand and affixed the official seal  
of the Department on JANUARY 21, 1999.

A handwritten signature in cursive script, likely of Richard L. Dean.

RICHARD L. DEAN, Secretary  
Department of Financial Institutions

BY: Patricia Weber

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.