

PA000002891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

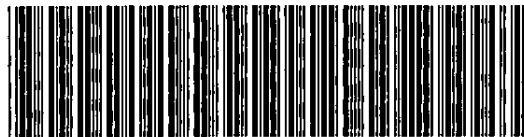
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/02/14--01028--026 **78.75

FILED
14 JUL -3 PM 2:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

W14-34628

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: United Energy Workers Healthcare, Corp

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:

Chris Russell

Name of Person

United Energy Workers Healthcare, Corp

Firm/Company

68-49 Dartmouth St.

Address

Forest Hills, NY 11375

City/State and Zip code

johnponifalls@gmail.com

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

For further information concerning this matter, please call:

Chris Russell

Name of Person

at (631) 897-8007

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 4, 2014

CHRIS RUSSELL
68-49 DARTMOUTH ST.
FOREST HILLS, NY 11375

SUBJECT: UNITED ENERGY WORKERS HEALTHCARE, CORP
Ref. Number: W14000034628

14 JUL -3 AM 10:03
SECRET
TALLAHASSEE, FL 32310

RECEIVED

00

We have received your document for UNITED ENERGY WORKERS HEALTHCARE, CORP and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 214A00012015

**UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE**

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show UNITED ENERGY WORKERS HEALTHCARE, CORP, an Ohio Corporation, Charter No. 2234513, having its principal location in Blue Ash, County of Hamilton, was incorporated on September 30, 2013, and is currently in GOOD STANDING upon the records of this office.

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14 JUL -3 PM 2:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 7th day of April, A.D. 2014.

Jon Husted

Ohio Secretary of State

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. United Energy Workers Healthcare, Corp

(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. Ohio

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

3. _____

(FEI number, if applicable)

4. 09/30/2013

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Registration

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 716 College View Dr., Suite C, Riverton, WY 82501

(Principal office address)

716 College View Dr., Suite C, Riverton, WY 82501

(Current mailing address)

8. To conduct business and perform transactions in accordance with state law,

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

any legal
purpose

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

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee

(City)

, Florida 33470

(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.

Heather Nee for InCorp Services, Inc.
(Registered agent's signature)

14 JUL -3
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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: John Falls

Address: 716 College View Drive, Suite C, Riverton WY 82501

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: John Falls

Address: 716 College View Drive, Suite C, Riverton WY 82501

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: Travis Shumway

Address: 716 College View Drive, Suite C, Riverton WY 82501

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

13. John Falls

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. John Falls, President

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

FILED
14 JUL -3 PM 2:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA