

F1500 0007891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

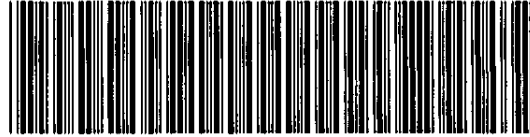
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 03 2015

J SHIVERS

licenseLogix

August 31, 2015

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

Re: **Longhorn Health Solutions, Inc.**
Application for Registration (Foreign Qualification)

To Whom It May Concern:

Enclosed please find an **Application for Registration (Foreign Qualification)** for our client, **Longhorn Health Solutions, 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 me or my colleague, Anthony Rooney, at arooney@licenseLogix.com or (800) 292-0909 x304.

Thank you,

Shayna Desai
LicenseLogix
140 Grand Street, Suite 300
White Plains, NY 10601
sdesai@licenseLogix.com
(800) 292-0909 x303

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Longhorn Health Solutions, Inc.

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:

Anthony

Name of Person

LicenseLogix

Firm/Company

140 Grand St., Suite 300

Address

White Plains, NY 10601

City/State and Zip code

arooney@licenselogix.com

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

For further information concerning this matter, please call:

Anthony Rooney	at	(800)	292-0909 x 304
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:

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

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. Longhorn Health Solutions, 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. Texas _____ 3. 20-2087851
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/17/04 _____ 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 11310 W Hwy 290, Austin, TX 78737

(Principal office address)

(Current mailing address, if different)


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

Name: Paracorp Incorporated _____
Office Address: 236 East 6th Avenue _____
Tallahassee _____, Florida 32303
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Britt Peterson

Address: 4005 Gaines Court

Austin TX 78737

Vice President: COO - Melissa Sanchez

Address: 551 Catalina Ln

Austin, TX 78737

Secretary: Satori Capital

Address: 2501 N Harwood St, Floor 21, Dallas, TX 75201

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. Melissa Sanchez, COO

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Carlos H. Cascos
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Incorporation for LONGHORN HEALTH SOLUTIONS, INC. (file number 800427948), a Domestic For-Profit Corporation, was filed in this office on December 17, 2004.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 31, 2015.

SEP - 2 AM 9:15
SECRETARY OF STATE
AUSTIN, TEXAS



A handwritten signature in black ink, appearing to read "Cascos".

Carlos H. Cascos
Secretary of State