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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120080000045

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: (302)645-7400

Fax Number

: (302)645-1280

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

edgar@mccbgroup.com Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION MCCB Healthcare Solutions Inc.

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K. SALY

APR 1 4 2017

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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

noration: must include "INCORPORATED"		
p," "Inc," "Co," or "Corp ")	" "COMPANY," "CORPORATION,"	
o, 15c, 00. at 55tp /		
e in Florida, enter alternate corporate name	adopted for the purpose of transacting bi	usiness in Florida)
·		
ander the law of which it is incomprated)	(FEI menher ifannlig	able)
inde the law of which it is medipolated,	(. 2.1 m. 110 a., 11 dpp 110	31010)
5.		
fincorporation)	(Date of duration, if other than	n perpetual)
		-
`	502, F.S., to determine penalty hability)	
(Pnna)	pal office address)	
31		
(Current mail)	ng address, if different)	
		20
address of Florida registered agent. (P	O. Box NOT acceptable)	2017 25%
	<u></u>	
1200 Brickell Avenue Suite 1950		. د در
	2.337.1	安
	, Florida	₩.
(City)	(Zip code)	# 5
	e in Florida, enter alternate corporate name 3 inder the law of which it is incorporated) 5. Incorporation) (Date first transacted business in (SEE SECTIONS 607.1501 & 607.1 ac State 1950) (Principal (Current mail) (Current mail) address of Florida registered agent. (Publigar VI Duarte 1200 Brickell Avenue State 1950 Wham.	e in Florida, enter alternate corporate name adopted for the purpose of transacting by ander the law of which it is incorporated) (FEI number, if applied 5. (Date of duration, if other that (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) me State 1950 (Principal office address) (Current mailing address, if different) address of Florida registered agent. (P.O. Box. NOT acceptable) Edgar VI Duarte 1200 Brackell Avenue State 1980 Miann. Florida 33131

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.



्रि । क्षेत्रीय तो बहुकारित ब्रह्मकार्याः

10. Attached is a certificate of existence duly authorities and not more than 90 days given to delivery of this application to the Department of State, by the Secretary of State or other official baying custody of acry orate records in the jurisdiction under the law of which it is incorporated.

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	(////// 000 / 0 // 2 / 0///
11 Names and business addresses of officers and/or directors:	₹.
A. DIRECTORS	
Chairman:	
Address	1. 19. 19. 19. 19. 19. 19. 19. 19. 19. 1
Vice Chairman	
Address.	
Edgar M Duate Director	
1200 Brickell Avenue State 1950	
Address: Miami, FL 33131	
Director	
Address	
Audiess	
B. OFFICERS President Lidgar M Duarte 1 200 Brickelf Avenue Suite 1950	
Address Vluuni, FL 33431	
Vice President:	
Address:	
Secretary.	
Address	
Treasurer	
Address:	
NOTE: If meassary, you may attach an addendum to the application h	sting additional officers and/or directors.
13. Transcent the second of	
Signature of Director or Offic The officer or director signing this document (and who is listed in number are true and that he or she is aware that false information submitted in a c a third degree felony as provided for in \$ 817.155, F.S	er 11 above) affirms that the facts stated herein
Lidgar VI Duarte, President	signing application)
(Typed or printed name and capacity of person	righting apparement)



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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HCCB HEALTHCARE SOLUTIONS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF APRIL, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MCCB HEALTHCARE SOLUTIONS INC." WAS INCORPORATED ON THE SIXTH DAY OF FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

5307499 8300 SR# 20172485841

You may verify this certificate online at corp.delaware.gov/authver shtml

Authentication: 202372141

Date: 04-13-17