

F17000002456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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05/12/17--01013--003 **78.75

FILED
2017 MAY 26 PM 12:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUN 01 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Second Opinion Telemedicine 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:

Tim Kaufman

Name of Person

Second Opinion Telemedicine Solutions, Inc.

Firm/Company

20695 So Western Ave #200

Address

Torrance CA 90501

City/State and Zip code

corp@sotelemed.com

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

For further information concerning this matter, please call:

Tim Kaufman

310 802-6300
at ()

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:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 15, 2017

TIM KAUFMAN
20695 S WESTERN AVE #200
TORRANCE, CA 90501

SUBJECT: SECOND OPTION TELEMEDICINE SOLUTIONS, INC.
Ref. Number: W17000041445

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

We have received your document for SECOND OPTION TELEMEDICINE SOLUTIONS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 817A00009667

5/23/17
Corrected

FILED
2017 MAY 26 AM 11:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**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.*

Second Opinion Telemedicine Solutions, Inc.

1.

(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)

California

38-3783888

2.

3.

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

(FEI number, if applicable)

May 2008

4.

5.

(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)

20695 So Western Ave, #200, Torrance CA 90501

7.

(Principal office address)

(Current mailing address, if different)

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

Name:

Rich Abbruscato

Office Address:

8247 Devereux Drive, Ste 101

Viera

32940

(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: Tim Kaufman

Address: 20695 So Western Ave, #200, Torrance CA 90501

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Tim Kaufman

Address: 20695 So Western Ave #200, Torrance CA 90501

Vice President: _____

Address: _____

Secretary: _____

Address: _____

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. Tim Kaufman, CEO / Owner

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

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2017 MAY 26 PM 12:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

SECOND OPINION TELEMEDICINE SOLUTIONS, INC.

FILE NUMBER: C3040494
FORMATION DATE: 05/09/2008
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of May 08, 2017.

ALEX PADILLA
Secretary of State