Division of Corporations



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H180000798443)))



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Division of Corporations Fax Number : (350)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)230-3338 Phone : (814)230-3338 Fax Number : (954)208-0845

र्ने हें हैं Enter the email address for this business entity to be used for दिस्स्थित. annual report mailings. Enter only one email address please.

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FOREIGN PROFIT/NONPROFIT CORPORATION Sling Health

Certificate of Status	0
Certified Copy	1
Page Count	05
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HONOR ORIGINAL DATE 03-12-18 .

S. WARREN

MAR 1 6 2018

To: Page 2 of 7 850-617-6381 2018-03-15 14:26:51 CST 3/14/2018 4:14:55 PM PAGE

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19542080845 From: Ranae McGraw Fax Server

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HONOR ORIGINAL DATE 03-12-18



FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: SLING HEALTH INC.

REF: W18000024991

March 14, 2018

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain a statement containing the purpose(s) authorized by the jurisdiction of its incorporation, of which it intends to pursue in this state, pursuant to 617 1503(d), 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.

Stacey M Warren Regulatory Specialist II FAX Aud. #: H18000079844 Letter Number: 618A00005210

P.O BOX 6327 - Taliahassee, Florida 32314

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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:

import in language as in the name at presen	it must include the word "INCORPORA" will clearly indicate that it is a corporat t. "Company" or "Co." may not be used	ion instend of a hat as a corporate suffi	umit person or partnership i x by a nonprofit corporatio	1 nol 30 contained n.)
(If name unavailable	in Florida, enter alternate corporate nar	ne adopted for the	purpose of transacting busi	ness in Florida)
Missouri		7		
(State or country to	nder the law of which it is incorporated)	<u>, </u>	FEI number, if applicable)	
04/15/2014		5 perpetual		
	f Incorporation)			
(Date first conducted	affairs in Florida if prior to registration. So	ee sections 617.150	/ & 617.1502, F.S., to detar	nine penalty liavility.)
20 S. Sarah Street, S	St. Louis, MO 63108			
	(Principa	l office address)		
20 S. Sarah Street, S	St. Louis, MO 63108			
	(Curren	l mailing address l		
Name and <u>street a</u>	ration authorized in home state or counti ddress of Florida registered agent: (F C T Corporation System		•	THE HAR IS AN
fice Address:	1200 South Pine Island Road			
	Plantation	Florida	33324 (Zip Code)	HORAL 2
	(City)		(Zip Code)	
signated in this op rther agree to com	nt's acceptance: as registered agent and to accept so plication, I hereby accept the appoint ply with the provisions of all statute siliar with and accept the obligation C T Corporation System	intment as regi; es relative to the	ered agent and agree to proper and complete pe	act in this capacity. I

jurisdiction under the law of which it is incorporated.

A. DIRECTORS		
See Attachment I for Board of Directors		
Chairman:		
Address:		
	*4	
Vice Chairman:		·
Address:		
	15	
	٠.١	
Director:		
Address:		
Director:		
Address:		
B. OFFICERS		
President: See Attachment 1 for Officers		
	,	
Address:	Y1:	
Vice President:		ا الريائي الريائي
Address:		공기 :
	·	۳.۰
Secretary:		-

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

13. Itapha W. disdesser (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Stephen W. Linderman, President

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

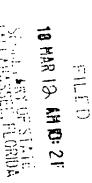
Attachment to Florida's qualification

1. Directors

Name	Address
Stephen W. Linderman	20 S. Sarah Street, St. Louis, MO 63108
Ramin Lalezari	20 S. Sarah Street, St. Louis, MO 63108
Steven M. Monda	20 S. Sarah Street, St. Louis, MO 63108
Alexander H. Morrison	20 S. Sarah Street, St. Louis, MO 63108

2. Officers

Title	Name	Address
President	Stephen W. Linderman	20 S. Sarah Street, St. Louis, MO 63108
Vice President	Ramin Lalezari	20 S. Safah Street, St. Louis, MO 63108
Managing Officer,	Alexander H. Morrison	20 S. Sarah Street, St. Louis, MO 63108
Secretary and	1	
Treasurer		





John R. Ashcroft Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

> Sling Health N01394311

was created under the laws of this State on the 15th day of April (2014) and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 24th day of January, 2018.

Certification Number: CERT-01242018-0109

