

F18000004160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

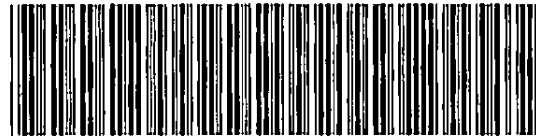
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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000317001720

08/18/18--01008--016 \*\*70.00

09/11/18--01004--002 \*\*650.00

FILED

2018 SEP 10 PM 4:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N CULLIGAN

9-10-18

## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
SIGNET HEALTH CORPORATION

**SUBJECT:** \_\_\_\_\_  
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:  
TIFFANY MAYO

_____	Name of Person
SIGNET HEALTH CORPORATION	
_____	Firm/Company
235 W HICKORY ST SUITE 201	
_____	Address
DENTON, TX 76201	
_____	City/State and Zip code
TMAYO@SIGNETHEALTH.COM	
_____	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

ALISON MORRIS	817	938-3633
_____	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

August 23, 2018

TIFFANY MAYO  
235 W HICKORY ST SUITE 201  
DENTON, TX 76201

SUBJECT: SIGNET HEALTH CORPORATION  
Ref. Number: W18000076601

We have received your document for SIGNET HEALTH CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$650.00.

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) 245-6752.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 718A00017529

RECEIVED  
2018 SEP 10 AM 11:27  
DIVISION OF CORPORATIONS  
FIDELITY & SECURITY

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. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FBI number, if applicable)  
12/09/99

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)  
10/01/17

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  
235 W HICKORY ST SUITE 201, DENTON, TX 76201

7. \_\_\_\_\_  
(Principal office address)

(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

**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.*

and with \_\_\_\_\_ (P)

April Wittenwyler, Ast. Secretary

(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.

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2018 SEP 10 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

JERRY G BROWDER

Chairman: 235 W HICKORY ST SUITE 201

Address: DENTON, TX 76201

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

**B. OFFICERS**

JERRY G BROWDER

President: 235 W HICKORY ST, SUITE 201

Address: DENTON, TX 76201

Vice President:

Address:

MARCIA BROWDER

Secretary: 235 W HICKORY ST, SUITE 201

Address: DENTON, TX 76201

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.

JERRY G BROWDER, PRESIDENT

13. \_\_\_\_\_

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

FILED  
2018 SEP 10 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



Rolando B. Pablos  
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 SIGNET HEALTH CORPORATION (file number 155968300), a Domestic For-Profit Corporation, was filed in this office on December 09, 1999.

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 July 20, 2018.



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

Rolando B. Pablos  
Secretary of State