

7/2020
Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
AccessHope Medical Group, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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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.

1. AccessHope Medical Group, Inc.
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

2. California
 (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
 (State or country under the law of which it is incorporated)

3. 84-3894273
 (FEI number, if applicable)

4. 9/30/2019
 (Date of incorporation)

5. _____
 (Date of duration, if other than perpetual)

6. upon qualification
 (Date first transacted business in Florida, if prior to registration)
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1500 E. Duarte Road, Duarte, California 91010
 (Principal office address)

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TALLAHASSEE

(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.

C T Corporation System

By: Nathan Giffin Nathan Giffin, Assistant 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.

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

A. DIRECTORS

Chairman: Harlan Levine, M.D. ✓
Address: 1500 E. Duarte Road
Duarte, CA 91010

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: Harlan Levine, M.D. ✓
Address: 1500 E. Duarte Road
Duarte, CA 91010

Vice President: _____
Address: _____

Secretary: Harlan Levine, M.D. ✓
Address: 1500 E. Duarte Road, Duarte, CA 91010

Treasurer: Harlan Levine, M.D. ✓
Address: 1500 E. Duarte Road, Duarte, CA 91010

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

12. Harlan Levine
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. Harlan Levine, M.D., President
(Typed or printed name and capacity of person signing application)

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

ACCESSHOPE MEDICAL GROUP, INC.

FILE NUMBER: C4320429
 FORMATION DATE: 09/30/2019
 TYPE: DOMESTIC CORPORATION
 JURISDICTION: CALIFORNIA
 STATUS: ACTIVE (GOOD STANDING)

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 STATE
 TALLAHASSEE, FLORIDA

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 January 27, 2020.

Handwritten signature of Alex Padilla in black ink.

ALEX PADILLA
Secretary of State