

F2100000 5447

(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:

Office Use Only



000373176740

09/20/21--01014--002 \*\*70.00

FILED  
2021 SEP 20 AM 11:00  
CLERK OF STATE  
TALLAHASSEE, FL

A handwritten signature or initials in the bottom right corner of the page.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Clara Medical Group P.C. Corporation

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:

Adrian Aoun

Name of Person

Clara Medical Group P.C. Corporation

Firm/Company

660 4th St. #202

Address

San Francisco, CA 94107

City/State and Zip code

info@goforward.com ✓

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

For further information concerning this matter, please call:

Adrian Aoun

at (415) 349-0850

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

\$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

**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.*

Clara Medical Group P.C. Corporation

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

Clara Medical Group P.C. Corporation FL

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California 3. 81-2169693  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/07/2016 5. Perpetual  
(Date of incorporation) (Date of duration, if other than perpetual)

6. 11/29/2021  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

660 4th St. #202, San Francisco, CA 94107

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

N/A

(Current mailing address, if different)

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

Incorporating Services, Ltd.

Name:

1540 Glenway Drive

Office Address:

Tallahassee

32301

(City)

, Florida

(Zip code)

FILED  
2011 SEP 20 AM 11:00  
DEPT. OF STATE  
TALLAHASSEE, FL

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.*

Incorporating Services, Ltd.

*Terri L. Hickman*

(Registered agent's signature) Terri L. Hickman, as Assistant Secretary

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

**A. DIRECTORS**

Nathan Favini

- Chairman Name: \_\_\_\_\_  
660 4th St. #202
- Vice Chairman Address: \_\_\_\_\_  
San Francisco, CA 94107
- Director \_\_\_\_\_
- President \_\_\_\_\_
- Vice President \_\_\_\_\_
- Secretary  Treasurer
- Other \_\_\_\_\_  Other \_\_\_\_\_

- Chairman Name: Adrian Aoun
- Vice Chairman Address: 660 4th St. #202
- Director San Francisco, CA 94107
- President \_\_\_\_\_
- Vice President \_\_\_\_\_
- Secretary  Treasurer
- Other Authorized Signatory  Other \_\_\_\_\_


- Chairman Name: \_\_\_\_\_
- Vice Chairman Address: \_\_\_\_\_
- Director \_\_\_\_\_
- President \_\_\_\_\_
- Vice President \_\_\_\_\_
- Secretary  Treasurer
- Other \_\_\_\_\_  Other \_\_\_\_\_

- Chairman Name: \_\_\_\_\_
- Vice Chairman Address: \_\_\_\_\_
- Director \_\_\_\_\_
- President \_\_\_\_\_
- Vice President \_\_\_\_\_
- Secretary  Treasurer
- Other \_\_\_\_\_  Other \_\_\_\_\_

- Chairman Name: \_\_\_\_\_
- Vice Chairman Address: \_\_\_\_\_
- Director \_\_\_\_\_
- President \_\_\_\_\_
- Vice President \_\_\_\_\_
- Secretary  Treasurer
- Other \_\_\_\_\_  Other \_\_\_\_\_

- Chairman Name: \_\_\_\_\_
- Vice Chairman Address: \_\_\_\_\_
- Director \_\_\_\_\_
- President \_\_\_\_\_
- Vice President \_\_\_\_\_
- Secretary  Treasurer
- Other \_\_\_\_\_  Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

**Nathan Favini, Director and Medical Lead**

13. \_\_\_\_\_  
(Typed or printed name and capacity of person signing application)

**State of California**  
**Secretary of State**

CERTIFICATE OF STATUS

ENTITY NAME:

CLARA MEDICAL GROUP, P.C.

FILE NUMBER: C3892591  
FORMATION DATE: 04/07/2016  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, SHIRLEY N. WEBER, PH.D. Secretary of State of the State of California hereby certify:

The entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, 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 June 30, 2021.

A handwritten signature in black ink, appearing to read "Shirley N. Weber", with a stylized flourish at the end.

Shirley N. Weber, Ph.D.  
Secretary of State