

Q2000000056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

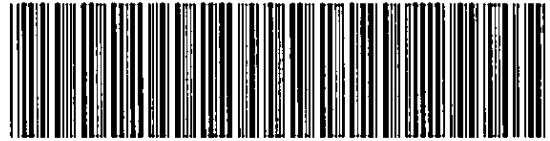
(Business Entity Name)

(Document Number)

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SEP 08 2020

SECRETARY OF STATE  
CORPORATION SERVICES  
FLOOR 10

2020 SEP - 8 PM 12: 53

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OCT 15 2020

M. SOLOMON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Telehealth Provider  
(Name of Alien Business Organization, Financial Institution, or Telehealth Provider)

Dear Sir or Madam:

The enclosed Designation of Registered Agent and Registered Office for Alien Business Organization, Financial Institution, or Telehealth Provider and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amy Lenclos  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

231 Front Street, Suite 111  
(Address)

Brooklyn, NY 11201  
(City/State and Zip Code)

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SEP 8 2020

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For further information concerning this matter, please call:

Amy Lenclos at (929) 336-1179  
(Name of Person) (Area Code & Daytime Telephone Number)

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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

**Enclosed is a check for the following amount:**

\$35.00 Filing Fee

\$43.75 Filing Fee & Certified Copy

FTD-12 620204.000050.04

FTD-12 620204.000050.04

# REGISTERED AGENT & OFFICE FOR ALIEN BUSINESS ORGANIZATION, FINANCIAL INSTITUTION, OR TELEHEALTH PROVIDER

PURSUANT TO SECTION 607.0505, 655.0201, OR 456.47(4)(b), FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION, FINANCIAL INSTITUTION OR TELEHEALTH PROVIDER SUBMITS THE FOLLOWING STATEMENT IN ORDER TO DESIGNATE ITS REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA:

1. Amy Lenclos  
(Name of alien business organization, financial institution or telehealth provider)

2. New York 3. \_\_\_\_\_  
(State or country under which entity is organized) (FEI Number, if applicable)

4. 231 Front Street, Suite 111, Brooklyn, NY 11201  
(Principal office address)

5. Name and Florida Street address of registered agent.  
Law Firm of Deborah Lancia Ruiz, LLC  
11007 Purple Martin Blvd.  
Riverview, FL 33579

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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6. The street address of the registered office and the street address of the business office of the registered agent are identical.

7. Amy Lenclos  
(Signature of chairman, vice chairman, or officer)

8. Amy Lenclos  
(Name and capacity of person signing in number 7 above)

9. Signature of registered agent: Deborah Lancia Ruiz

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, 655.0201, or 456.47(4)(b) Florida Statutes.*

Deborah Lancia Ruiz  
Deborah Lancia Ruiz, MGR of Law Firm of Deborah Lancia Ruiz, LLC  
(Registered agent accepting appointment)

07/06/2020  
(Date)

**THE FILING OF THIS FORM WITH THE FLORIDA DEPARTMENT OF STATE DOES NOT AUTHORIZE THE ABOVE REFERENCED ENTITY OR PROVIDER TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.**

**FILING FEE \$35**

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations P. O. Box 6327 Tallahassee, FL 32314**