

F08000004193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

W08-39523
08.8-25

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: New Image Credentialing Services, Inc.
(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," 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:

John Harkins
(Name of Person)
Independent Living Systems
(Firm/Company)
5201 Blue Lagoon Drive, Suite 270
(Address)
Miami, FL 33126
(City/State and Zip code)

For further information concerning this matter, please call:

John Harkins at (305) 262-1292
(Name of Person) (Area Code & Daytime Telephone Number)

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STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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



September 22, 2008

Diane Cushing
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE: Letter Dated September 16, 2008

Dear Ms Cushing,

Let me clarify the discrepancies in our application. Independent Living Systems (ILS), a Florida corporation, acquired a controlling interest in New Image Credentials Services, Inc, a Puerto Rico corporation on August 12, 2008. As of today, we have not conducted any business in the Florida. Once we obtain our certificate from the State, we will open a local bank account and begin transacting business.

If you need any additional information, please let me know.

Thank you,

A handwritten signature in black ink, appearing to read 'John Harkins', written in a cursive style.

John Harkins



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 25, 2008

JOHN HARKINS
5201 BLUE LAGOON DR., STE. 270
MIAMI, FL 33120

SUBJECT: NEW IMAGE CREDENTIALING SERVICES, INC.
Ref. Number: W08000039523

RECEIVED
08 SEP 15 AM 8 00
2008 15 15 08 00

We have received your document for NEW IMAGE CREDENTIALING SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$2300.00.

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) 245-6047.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 108A00047320



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 16, 2008

JOHN HARKINS
5201 BLUE LAGOON DR., STE. 270
MIAMI, FL 33120

SUBJECT: NEW IMAGE CREDENTIALING SERVICES, INC.
Ref. Number: W08000039523

We have received your document for NEW IMAGE CREDENTIALING SERVICES, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

You were advised about a penalty being assessed to your corporation. When you returned your application you simply changed the date on the application. We can not accept the application without a letter explaining why you changed the date. Please submit the letter so we can proceed with your filing.

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) 245-6913.

Diane Cushing
Document Specialist Supervisor

Letter Number: 608A00050383

**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. New Image Credentials Services, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. Puerto Rico 3. 66-0679091
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/3/06 5. _____
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 10/01/08
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5201 Blue Lagoon Dr., Suite 270, Miami, FL 33126
(Principal office address)

P.O. Box 2501, Coamo, P.R. 00769
(Current mailing address)

8. Credentialing Physicians
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)


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

Name: John Harkins

Office Address: 5201 Blue Lagoon Dr., Suite 270
Miami, Florida 33126
(City) (Zip code)

10. 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.


(Registered agent's signature)

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

A. DIRECTORS

Chairman: John Harkins

Address: 5201 Blue Lagoon Drive, Suite 270
Miami, FL 33126

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Luis Rivera

Address: P.O. Box 2501
Coamo, PR 00769

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. John Harkins, Chairman

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



**COMMONWEALTH OF PUERTO RICO
DEPARTMENT OF STATE
SAN JUAN PUERTO RICO**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, **FERNANDO J. BONILLA**, Secretary of State the Department of State of the Commonwealth of Puerto Rico,

CERTIFY: That **"NEW IMAGE CREDENTIALS SERVICES, INC."** register number **164,132** is a profit corporation organized under the laws of Puerto Rico on **August 3, 2006 at 12:38 p.m.**

This certification does not imply that this corporation has filed the annual reports, pursuant to the requirement of Article 15.01 of the General Corporation Act. If you need to know if such reports have been filed, you must request a Certificate of Good Standing.

IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by laws, hereby issue this certificate in the City of San Juan, Puerto Rico today **August nineteenth of the year two-thousand and eighth.**

FERNANDO J. BONILLA
Secretary of State

FJB/rsr
0559087