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Y SCOTT Jun 26 2019

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April 15, 2019

JORGE ACEVEDO 600 FLORIDA AVE. SUITE:1231 COCOA, FL 32922

SUBJECT: 1ST MEDICAL SOLUTIONS INC.

Ref. Number: W19000037047

We have received your document for 1ST MEDICAL SOLUTIONS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listedin #11 of this form.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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) 245-6052.

Letter Number: 919A00007534

Yvette Scott Document Specialist II

COVER LETTER

TO: Registration S					
Ls MEE	DICAL SOLUTIONS I	NC.			
SUBJECT:	Name o	of corporation	- must include suffix		
Dear Sir or Madam:					
	nce," or "Certificate	of Good Stan	ding" and check are su	act Business in Florida," ibmitted to register the	
Please return all corre JORGE ACEVEDO	spondence concerni	ng this matter	to the following:		
IST MEDICAL SOLU	TIONS INC	Name of F	Person	2019 JUM SECIACIT	
600 FLORIDA AVE SI	JITE 1231	Firm/Comp	oany	N 26 PI	
COCOA, FL 32922		Addre	SS	STATE FLORIG	
Jorge.Acevedo@1stmed	dicalplus.com	City/State an	d Zip code	P	
	E-mail address:	(to be used for	or future annual report	notification)	
For further information	n concerning this ma	atter, please ca	all:		
JORGE ACEVEDO		787 at (556-9399		
Name of Pers		Area Code	Daytime Tele	phone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301):	Registration Division of C P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314	
Enclosed is a check for	r the following amo	unt:			
■ \$70.00 Filing Fee	☐ \$78.75 Filing Certificate of		\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status &	

. `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.

IST MEDICAL	SOLUTIONS INC.			
(Enter name of c	orporation; must include "INCORPORATED. orp," "Inc," "Co," or "Corp.")	," "COMPANY." "CORPORATI	","ио	
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transac 83-4026592	ting business in Florida)	
2 3.				
(State or country under the law of which it is incorporated) 12/10/2001		(FEI number, if PERPETUAL	.,	
(Date 03/19/2019	of incorporation)	(Date of duration, if oth	er than perpetual)	
600 FLORIDA A 7	(SEE SECTIONS 607.1501 & 607.1 VE SUITE 1231, COCOA FL 32922 (Princi	502, F.S., to determine penalty liab		
	(Current maili	ing address, if different)	PIL 2019 JUN 26 SECRETAR TALLAHASS	
8. Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)	<u> </u>	
Name:	VISIONARY FINANCIAL, LLC		PM 4: 00 OF STATE E. FLORID	
Office Address:	1227 S. PATRICK DRIVE SUITE 102		: 00 FATE DRIDA	
	SATELLITE BEACH	32937 , Florida	ν	
	(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.

(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.

A. DIRE	
Chairman:	Jorge Acevedo 600 Florida Ave Ste 1231
_	Cucva, FL 32923
Vice Chair	man:
Address:	
Director:	
Address:	
Director:	
Address:	2019 TAL
B. OFF	JORGE ACEVEDO AHASSIST SEE TO
President:	600 FLORIDA AVE STE. 1231
Address:	COCOA, FL 32923
Vice Pres	ident:
Address:	
Secretary	
Address:	
Treasurer	
Address:	
The officer are true a third department	Signature of Director or Officer cover director signing this document (and who is listed in number 11 above) affirms that the facts stated he and that he or she is aware that false information submitted in a document to the Department of State const egree felony as provided for in \$ 817 155, F.S. ESIDENT JORGE ACEVEDO
13	(Typed or printed name and capacity of person signing application)

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

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

1ST MEDICAL SOLUTIONS, INC.

is a

Corporation

formed or registered on 12/10/2001 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20011232824.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 03/15/2019 that have been posted, and by documents delivered to this office electronically through 03/19/2019 @ 09:04:28.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed/and such this official certificate at Denver. Colorado on 03/19/2019 @ 09:04:28 in accordance with capplicable law. This certificate is assigned Confirmation Number 11458217 .



Secretary of State of the State of Colorado

*******************End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do/entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click"Businesses, trademarks, trade names" and select "Frequently Asked Questions."