

FOOOOOOOO 6195

5.

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Logonthealth Corp.
(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:

Norvis Esponda
(Name of Person)

800003447158--3
-11/01/00--01065--001
*****78.75 *****78.75

Logonthealth Corp.
(Firm/Company)

15495 Eagle Nest Lane Suite 230
(Address)

Miami Lakes FL 33014-2242
(City/State and Zip code)

For further information concerning this matter, please call:

Norvis Esponda
(Name of Person)

at (305) 822-6500
(Area Code & Daytime Telephone Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration 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

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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. LOGON HEALTH CORPORATION
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. NJ 3. 22-3644710
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. March 22, 1999 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. March, 2000
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 15495 Eagle Nest Lane, Suite 230, Miami Lakes, FL 33014
(Principal office address)
- Same
(Current mailing address)
8. Point-of-care, mobile handheld solution for the healthcare industry.
(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 or Mail Drop Box NOT acceptable)

Name: Norvis Espanda

Office Address: 15495 Eagle Nest Lane, Suite 230
Miami Lakes, Florida 33014
(City) (Zip code)

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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.

Norvis Espanda
(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: IMRAN HAQUE

Address: 51 GIBRALTAR DRIVE, SUITE 2F
MORRIS PLAINS, NJ 07950

Director: _____

Address: _____

B. OFFICERS

President: RAJ AGARWAL

Address: 51 GIBRALTAR DRIVE, SUITE 2F
MORRIS PLAINS, NJ 07950

Vice President: MICHAEL JARJOUR

Address: 51 GIBRALTAR DRIVE, SUITE 2F
MORRIS PLAINS, NJ 07950

Secretary: IMRAN HAQUE

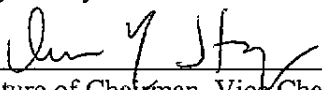
Address: 51 GIBRALTAR DRIVE, SUITE 2F, MORRIS PLAINS, NJ 07950

Treasurer: PERVEZ SIDDIQUI

Address: 51 GIBRALTAR DRIVE, SUITE 2F, MORRIS PLAINS, NJ 07950

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

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. IMRAN HAQUE, VICE PRESIDENT
(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

LOGONHEALTH CORPORATION

*I, the Treasurer of the State of New Jersey,
do hereby certify that the above-named
New Jersey Domestic Profit Corporation was
registered by this office on March 22, 1999.*

*As of the date of this certificate, said business
continues as an active business in good standing
in the State of New Jersey, and its Annual Reports
are current.*

*I further certify that the registered agent and
registered office are:*

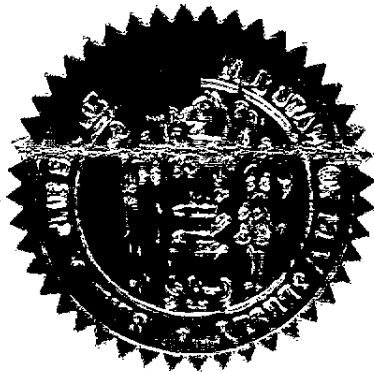
*Rajesh Agarwal
51 Gibraltar Drive
Suite 2 F
Morris Plains, NJ 07950*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

LOGONHEALTH CORPORATION



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
29th day of September, 2000

Roland M Machold

Roland M Machold
Treasurer

00 NOV - 1 AM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA