F06000004538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: T.O.M. Health Enterprise, 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:

Scott L. Glazier, Esq.
(Name of Person)

Glazier & Glazier, P.A.
(Firm/Company)

8825 Perimeter Park Blvd., Suite 504
(Address)

Jacksonville, FL 32216
(City/State and Zip code)

For further information concerning this matter, please call:

Scott L. Glazier at (904) 997-1033
(Name of Person) (Area Code & Daytime Telephone Number)

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

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. T.O.M. Health Enterprise, 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. Georgia
(State or country under the law of which it is incorporated)

3. 20-1247862
(FEI number, if applicable)

4. 3/16/2004
(Date of incorporation)

5. perpetual
(Duration: Year corp. will cease to exist or "perpetual")

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6. July 1, 2006
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 7651 Gate Parkway, Apt. 902, Jacksonville, FL 32256
(Principal office address)

7651 Gate Parkway, Apt. 902, Jacksonville, FL 32256
(Current mailing address)

8. The Corporation may engage in any activity or business permitted under the laws of the United States and the State of Florida.
(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: Glazier & Glazier, P.A.

Office Address: 8825 Perimeter Park Blvd., Suite 504

Jacksonville, Florida 32216
(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.

[signature] Its VP
(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:

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A. DIRECTORS

Chairman: ____________

Address: ____________

____

Vice Chairman: ____________

Address: ____________

____

Director: Martha J. Park

Address: 7651 Gate Parkway, Apt. 902
Jacksonville, FL 32256

Director: ____________

Address: ____________

____

B. OFFICERS

President: Martha J. Park (Chief Executive Officer)

Address: 7651 Gate Parkway, Apt. 902
Jacksonville, FL 32256

Vice President: ____________

Address: ____________

____

Secretary: Vincent A. Park

Address: 7651 Gate Parkway, Apt. 902, Jacksonville, FL 32256

Treasurer: Martha J. Park (Chief Financial Officer)

Address: 7651 Gate Parkway, Apt. 902, Jacksonville, FL 32256

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

13. Martha J. Park
(Signature of Director or Officer listed in number 12 of the application)

14. Martha J. Park, Chief Executive Officer
(Typed or printed name and capacity of person signing application)

Control No. **0417711**

STATE OF GEORGIA

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

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CERTIFICATE OF EXISTENCE

I, Cathy Cox, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

T.O.M. HEALTH ENTERPRISE, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 03/16/2004 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 22nd day of June, 2006

Cathy Cox
Secretary of State

Certification Number: 143419-1 Reference:
Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp