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### TRANSMITTAL LETTER

-	ation Sect on of Corp				
SUBJECT:	Health Sy	stems USA, Inc.	<u>.                                      </u>		
		(Name of cor	rporatio	n - must include suffix)	
Dear Sir or Ma	dam:				
The enclosed "Certificate of transact busine	Existence	," and check are submit	ion for ted to r	Authorization to Transactegister the above reference	t Business in Florida," ced foreign corporation to
Please return al	ll correspo	ondence concerning this	matter	to the following:	
Gerson Hernar	ndez				
		()	lame of	Person)	
Registered Age	ents of An	nerica, Inc.			
		<del></del>	ігт/Со	ompany)	
23638 Lyons A	Ave #223				
-117			(Add	ress)	
Newhall, CA 9	1321				
,		(Cit	y/State	and Zip code)	
For further inf	ormation	concerning this matter,	please	call:	
		•	•		
Gerson Hema	ndez	at ( <sup>(</sup>	661	259-8987	
(Nam	e of Perso		(Area	Code & Daytime Telepho	one Number)
	EET ADD			MAILING AI	
Registration Section			Registration Section		
Division of Corporations 409 E. Gaines St.			Division of Corporations P.O. Box 6327		
Tallahassee, FL 32399			Tallahassee, FL 32314		
				1 411 411 411 411 411	2 0 20 1 1
Enclosed is a	check for	the following amount:			
□ \$70,00 Fili	ing Fec	☐ \$78.75 Filing Fec Certificate of Star		7 \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 11, 2009

PRESIDENTIAL SERVICES INCORPORATED 28015 SMYTH DRIVE VALENCIA, CA 91355

SUBJECT: HEALTH SYSTEMS USA, INC.

Ref. Number: W09000006717

We have received your document for HEALTH SYSTEMS USA, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The entity's date of incorporation/organization must be listed in the document.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White Regulatory Specialist II

Letter Number: 409A00004926 Your request Has been completed attached is the correct document please file.

thank You.

# 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.

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On)  Date first transacted bus SECTIONS 607.1501 &	5.	Perpetual (Duration:	(FEI numb	er, if applicabl	t ou perpe	TI Iual <sup>2</sup> '\
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(Principal off	ice add	lress)				
hall, CA 91321						
(Current mail	ing add	lress)				
S						_
n authorized in home sta	te or co	ountry to be c	arried out in s	tate of Florida)		
lorida registered agen	t: (P.C	D. Box NOT	accentable)			
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Agents of America, In	1C.	<del></del>				
lagler Street #510						
		Flori	da <u>33131</u>			
9 H	(Current mailes on authorized in home sta Florida registered agen	(Current mailing addess  on authorized in home state or confidence of America, Inc.	(Current mailing address) es on authorized in home state or country to be c Florida registered agent: (P.O. Box NO) d Agents of America, Inc.	(Current mailing address)  es  on authorized in home state or country to be carried out in s  Florida registered agent: (P.O. Box NOT acceptable)  d Agents of America, Inc.  Flagler Street #510	(Current mailing address)  es  on authorized in home state or country to be carried out in state of Florida)  Florida registered agent: (P.O. Box NOT acceptable)  d Agents of America, Inc.  Flagler Street #510	(Current mailing address)  es  on authorized in home state or country to be carried out in state of Florida)  Florida registered agent: (P.O. Box NOT acceptable)  d Agents of America, Inc.  Flagler Street #510

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

A. DIRECTORS	
Chairman: Gal Karpfen	FILED
Address: 5623 Merrimac	
Cote-St-Luc Quebec H4W 1S5, Canada	2009 FEB 13 P 12: 4 <b>0</b>
Vice Chairman: Gal Karpfen	SECRETARY OF STATE
Address: 5623 Merrimac	IALLAHASSEE FLORIDA
Cote-St-Luc Quebec H4W 1S5, Canada	
Director: Gal Karpfen	
Address: 5623 Merrimac	
Cote-St-Luc Quebec H4W 1S5, Canada	
Director:	
Address:	
B. OFFICERS	
President: Gal Karpfen	•
Address: 5623 Merrimac	
Cote-St-Luc Quebec H4W 1S5, Canada	
Vice President: Gal Karpfen	
Address: 5623 Merrimac	
Cote-St-Luc Quebec H4W 1S5, Canada	
Secretary: Gal Karpfen	
Address: 5623 Merrimac, Cote-St-Luc Quebec H4W 1S5, Canada	
Treasurer: Gal Karpfen	
Address: 5623 Merrimac, Cote-St-Luc Quebec H4W 1S5, Canada	
NOTE: If necessary, you may attach an addendum to the application listing addition	ional officers and/or directors.
13. Oal Rayle	
(Signature of Director or Officer listed in number 12 of the	application)
14. Gal Karpfen - President  (Typed or printed name and capacity of person signing ap	plication)

# Delaware

PAGE :

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "HEALTH SYSTEMS USA, INC." IS DULY
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN
GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE
RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF
JANUARY, A.D. 2009.

PILED

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SEPARE TARY OF STATE

4649703 8300

090077307

AUTHENTY CATION: 7106128

DATE: 01-28-09

You may verify this certificate online at corp.delaware.gov/authver.shtml