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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

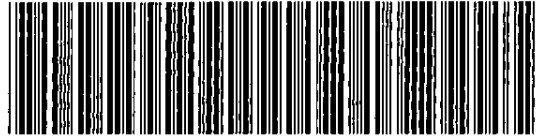
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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600142585236

02/13/09--01015--001 \*\*78.75

FILED  
09 FEB 27 PM 3:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W090000007441

EP 3/5/09



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 16, 2009

MARCUS HIRMER  
1114 JOHN SIMS PKWY E., #255  
NICEVILLE, FL 32548

SUBJECT: HEALTH CONNECTIONS, INC.  
Ref. Number: W09000007441

We have received your document for HEALTH CONNECTIONS, 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):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

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".

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) 245-6062.

Eula Peterson  
Regulatory Specialist II

Letter Number: 909A00005455

RECEIVED  
09 FEB 27 PM 12:25  
DIVISION OF CORPORATION

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Health Connections, 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:

Marcus Hirmer

(Name of Person)

Health Connections, Inc.

(Firm/Company)

1114 John Sims Pkwy E., #255

(Address)

Niceville, Florida 32548

(City/State and Zip code)

For further information concerning this matter, please call:

Melissa Hirmer

(Name of Person)

at ( 850 ) 279-6864

(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. Health Connections, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Health Connections Wellness Center, Inc.

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

2. Nevada

(State or country under the law of which it is incorporated)

3. 264199785

(FEI number, if applicable)

4. 02/03/09

(Date of incorporation)

5. perpetual

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

6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1114 John Sims Pkwy E, #255 Niceville, Florida 32578

(Principal office address)

1114 John Sims Pkwy E, #255 Niceville, Florida 32578

(Current mailing address)

8. Health products and services

(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: Marcus Hirmer

Office Address: 1114 John Sims Pkwy E, #255

Niceville

(City)

, Florida 32578

(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.*

Marcus Hirmer

(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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09 FEB 27 PM 3:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: N/A

Address: \_\_\_\_\_

Vice Chairman: N/A

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Melissa Hirmer

Address: 1114 John Sims Pkwy E, #255

Niceville, Florida 32578

**B. OFFICERS**

President: Marcus Hirmer

Address: 1114 John Sims Pkwy E, #255

Niceville, Florida 32578

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Alexandra Troup

Address: 1114 John Sims Pkwy E, #255 Niceville, Florida 32578

Treasurer: Kristina Barker

Address: 1114 John Sims Pkwy E, #255 Niceville, Florida 32578

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

13. Melissa L. Hirmer

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

14. Melissa Hirmer, Director

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

FILED  
09 FEB 27 PM 3:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **HEALTH CONNECTIONS, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 3, 2009, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 5, 2009.



ROSS MILLER  
Secretary of State

Electronic Certificate  
Certificate Number: C20090205-3673  
You may verify this electronic certificate  
online at <http://www.nvsos.gov/>

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA