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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

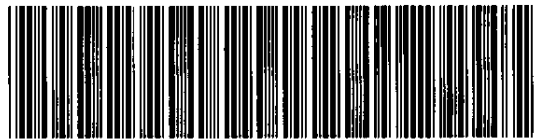
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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ROBINSON & GERSON, P.C.
ATTORNEYS-AT-LAW

7102 Three Chopt Road
Richmond, Virginia 23226
Phone (804) 282-2987
Fax (804) 282-2989

John V. Robinson
Frederick R. Gerson

May 14, 2009

John D. Hatch, Esq.
1267 Berkshire Lane, Suite 200
Tarpon Springs, Florida 34688

Academic HealthPlans, Inc.

Dear John:

As you know, we are legal counsel to Victrix International, LLC. Enclosed please find the following documents on behalf of Academic HealthPlans, Inc.:

1. Cover Letter
2. Application by Foreign Corporation for Authorization To Transact Business
3. Certificate of Fact dated May 12, 2009
4. Check in the amount of \$87.50 for the Filing Fee

It is the desire of this company to become qualified to do business in Florida **as soon as possible.** Please sign the Consent where indicated and forward these documents to the Secretary of State.

Also enclosed is a check from Victrix International, LLC for your registered agent referral fee.

Please give us a call if you have any questions about the enclosed documents.

With best regards,

Sincerely,



John V. Robinson

JVR/lm
Enclosures

Cc: Kathy Whitmire, License Compliance

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Academic HealthPlans, 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:

Terry Lyons

(Name of Person)

Academic HealthPlans, Inc

(Firm/Company)

1005 Glade Road

(Address)

Colleyville, TX 76034

(City/State and Zip code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Kathy Whitmire

(Name of Person)

at (817) 479-2123

(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. Academic HealthPlans, 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. Texas 3. 43-2084847

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

(FEI number, if applicable)

4. 6/20/2005 5. Perpetual

(Date of incorporation)

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

6. No transactions as of date of registration

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

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

7. 1005 Glade Road, Colleyville, TX 76034

(Principal office address)

1005 Glade Road, Colleyville, TX 76034

(Current mailing address)

8. Insurance agency

(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: John D. Hatch, Esq.

Office Address: 1267 Berkshire Lane, Suite 200

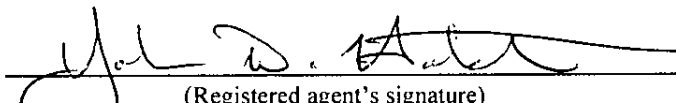
Tarpon Springs, Florida 34688

(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.


(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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Terry Lyons

Address: 1005 Glade Road, Colleyville, TX 76034

Director: _____

Address: _____

B. OFFICERS

President: Terry Lyons

Address: 1005 Glade Road, Colleyville, TX 76034

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. 

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

14. Terry Lyons - Director/President

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

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TALLAHASSEE, FLORIDA

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Hope Andrade
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Incorporation for Academic HealthPlans, Inc. (file number 800508004), a Domestic For-Profit Corporation, was filed in this office on June 20, 2005.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 12, 2009.



A handwritten signature in cursive script, reading "Hope Andrade".

Hope Andrade
Secretary of State

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TALLAHASSEE, FLORIDA