

F10000002720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

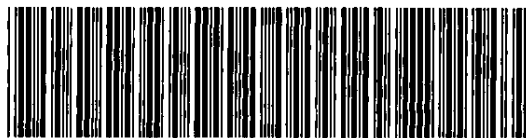
Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W10-22673

Office Use Only

*no copy*



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05/07/10--01031--004 \*\*78.75

FILED  
2010 JUN 14 PM 4:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 JUN 14 10:23

## COVER LETTER

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

**SUBJECT:** Smart Health Xchange, 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," or "Certificate of Good Standing" 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:

Diana LaTour

Name of Person

Smart Health Xchange, Inc.

Firm/Company

1000 E. Island Blvd Ste 2506

Address

Aventura, FL 33160

City/State and Zip code

dlatour@smarthealthxchange.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tracy J. Prows CPA

at (305) 304-3233

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 10, 2010

DIANA LATOUR  
1000 E ISLAND BLVD STE 2506  
AVENTURA, FL 33160

SUBJECT: SMART HEALTH XCHANGE, INC.  
Ref. Number: W10000022673

We have received your document for SMART HEALTH XCHANGE, 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6928.

Tim Burch  
Regulatory Specialist II

Letter Number: 210A00011729

RECEIVED  
10 JUN 14 AM 10:56  
MAIL  
1001 1001 1001 1001

**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.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 JUN 14 PM 4:52

FILED

1. Smart Health Xchange, 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. Delaware

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

3. 27-2277434

(FEI number, if applicable)

4. 06/15/2009

(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. 1000 Island Blvd Suite 2506 Aventura, FL 33160

(Principal office address)

1000 Island Blvd Suite 2506 Aventura, FL 33160

(Current mailing address)

8. Provide services and products to the public

(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: Diana LaTour

Office Address: 1000 Island Blvd Suite 2506

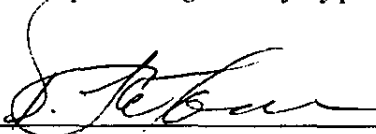
Aventura, Florida 33160

(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.

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

**A. DIRECTORS**

Chairman: Diana LaTour

Address: 1000 Island Blvd Suite 2506 Aventura, FL 33160

Vice Chairman: \_\_\_\_\_

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

Director: Christopher Pearce

Address: 23104-4 Island View Drive

Boca Raton, FL 33433

Director: Roberta Rousseau

Address: 1000 Island Blvd Suite 2506 Aventura, FL 33160

**B. OFFICERS**

President: Diana LaTour

Address: 1000 Island Blvd Suite 2506 Aventura, FL 33160

Vice President: Roberta Rousseau

Address: 1000 Island Blvd Suite 2506 Aventura, FL 33160

1000 Island Blvd Suite 2506 Aventura, FL 33160

Secretary: Roberta Rousseau

Address: 1000 Island Blvd Suite 2506 Aventura, FL 33160

Treasurer: Tracy J. Prows

Address: 64 Hendricks Isle Ft. Lauderdale FL 33301

**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. \_\_\_\_\_

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

FILED  
2018 JUN 14 PM 4:52  
SEC. OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SMART HEALTH XCHANGE, 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-SEVENTH DAY OF MAY, A.D. 2010.

FILED

2010 JUN 14 PM 4:52

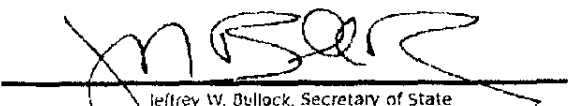
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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100597737

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 8023175

DATE: 05-27-10