

F120000009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

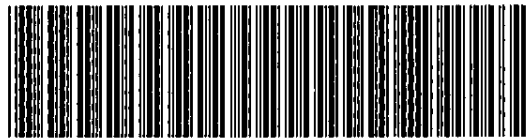
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/28/11--01036--008 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC 30 PM 3:32

WTT-64327



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 29, 2011

AMY YANG
ANLA HEALTHCARE CORPORATION
3704 ARAPAHO RD
ADDISON, TX 75001

SUBJECT: ANLA HEALTHCARE CORPORATION
Ref. Number: W11000064327

We have received your document for ANLA HEALTHCARE CORPORATION 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) 245-6901.

Pamela Smith
Regulatory Specialist II

Letter Number: 811A00028887

ANLA HEALTHCARE CORP.

3704 ARAPAHO RD
ADDISON, TX 75001

FACSIMILE TRANSMITTAL SHEET

TO: PAM SMITH**FROM: CATHLEEN CHEN****COMPANY: FL DIVISION OF CORPORATIONS****DATE: 12/30/2011****FAX NUMBER: (850) 245-6804****TOTAL NO. OF PAGES: 2 (INCLUDING COVER SHEET)**

☐ URGENT ☒ FOR REVIEW ☐ PLEASE COMMENT ☒ PLEASE REPLY

NOTES/ COMMENTS:

Hi Pam,

I spoke to your earlier this morning about faxing over our certificate of fact for Anla Healthcare Corporation. I had mistakenly mailed the certificate of good standing tax form earlier this month. If you could add this to our file and re-evaluate our application it would be greatly appreciated. Thank you for your help and happy holidays!

Thank you,

Cathleen Chen

RECEIVED

DEC 30 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ANLA HEALTHCARE CORPORATION
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:

AMY YANG

Name of Person

ANLA HEALTHCARE CORPORATION

Firm/Company

3704 ARAPAHO RD.

Address

ADDISON/TX 75093

City/State and Zip code

AYANG66@HOTMAIL.COM

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

For further information concerning this matter, please call:

AMY YANG

Name of Person

at (972) 690-4698

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

FILED
SECRETARY OF STATE
OFFICE OF CORPORATIONS

11 DEC 30 PM 3:32

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. ANLA HEALTHCARE CORPORATION

(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

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

3. 75-2507845

(FEI number, if applicable)

4. OCTOBER 11, 1993

(Date of incorporation)

5. PERPETUAL

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

6. HAVE NOT TRANSACTED BUSINESS IN FL YET, WILL TRANSACT UPON APPROVAL OF OUR

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

APPLICATION

7. 3704 ARAPAHO RD, ADDISON, TX 75001

(Principal office address)

P.O. BOX 1185, ADDISON, TX 75001

(Current mailing address)

8. HOME MEDICAL EQUIPMENT PROVIDER

(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:

Alec Lin

Office Address:

5681 Independence Cir.

Fort Myers

(City)

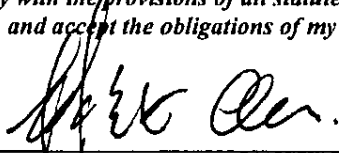
, Florida

33912

(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.

11 DEC 30 PM 3: 32

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: MIN-JI LEIN

Address: 3704 ARAPAHO RD.
ADDISON, TX 75001

Vice President: AMY YANG

Address: 3704 ARAPAHO RD.
ADDISON, TX 75001

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

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. MINJI LEIN

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

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 ANLA HEALTHCARE CORPORATION (file number 128782700), a Domestic For-Profit Corporation, was filed in this office on October 11, 1993.

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC 30 PM 3:32

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 December 30, 2011.



A handwritten signature in cursive script, appearing to read "Hope Andrade".

Hope Andrade
Secretary of State