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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	i
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SECRETARY OF STATE OLYISION OF CORPORATIONS

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COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: Mutual Progress Inc.			•
	- must include suffix		
Dear Sir or Madam:	•		
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stan above referenced foreign corporation to transact business.	ding" and check are subn		
Please return all correspondence concerning this matter	to the following:		
Joseph N. Perlman, Esquire			
Name of I	Person		
		·	
Firm/Com	pany		
1101 Belcher Road S., Ste. B			7. 7. 7. 7. 2. 2
Addre	ess	•	
Largo, FL 33771	·		
City/State ar	nd Zip code		
sadie@perlmanlawfirm.com E-mail address: (to be used for	or future annual report no	tification)	
·	•		
For further information concerning this matter, please co	all:		
Joseph N. Perlman, Esquire at (727	536-2711		≒ ₹,,
Name of Person Area Code & Daytime Telephone Number			
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croper/coupled appress.	MAILING AD	DDECC.	
STREET/COURIER ADDRESS: New Filing Section	MAILING AD New Filing Sect		- 공 공유 (
Division of Corporations	Division of Cor		∵ 35
Clifton Building	P.O. Box 6327	22214	A 음 26
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL	32314	ONS S
Enclosed is a check for the following amount:			
\$70.00 Filing Fee \$\int \text{\$78.75 Filing Fee & Certificate of Status}	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Certificate of Certified Cop	Status &

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.

i, Mutual Pro		NICE (CONDONATIONAL)		
(Enter name of "Inc.," "Co.," "(corporation; must include "INCORPORATED," "COMPA Corp," "Inc," "Co," or "Corp.")	.NY," "CORPORATION,"		
•				
	:			
(If name unavai	lable in Florida, enter alternate corporate name adopted for		rida)	
₂ Texas	3	(FEI number, if applicable)		
		(FEI number, if applicable)		
4. June 20, 2	2002 5. perpeti	ual		
. (Date	c of incorporation) (Duration:	Year corp. will cease to exist or "perpetu	ıal")	
6				•
	(Date first transacted business in Florida, if page (SEE SECTIONS 607.1501 & 607.1502, F.S., to		•	
28303 Hi	ıffman Cleveland Road, Huffman,			•
7.20303110	(Principal office address)	, 17 17000		
28303 Hi	uffman Cleveland Road, Huffma	an. TX 77336		
2000011	(Current mailing address)			
				
8. to operate a medical transcription business		2	- 150 130 130 130 130	
(Purpose(s	e) of corporation authorized in home state or country to be c	arried out in state of Florida)	뗪	
9. Name and street	et address of Florida registered agent: (P.O. Box NOT	_acceptable)	2	T. 5
Name:	Joseph N. Perlman, Esquire	;	PH	10K
	1101 Belcher Road S., Ste. B			PDS
Office Address:			2: 26	ÃZ
	Largo , Florio		5	<u> </u>
	(City)	(Zip code)		S
	ent's acceptance:	•		
	ed as registered agent and to accept service of proces. application, I hereby accept the appointment as regis			
further agree to co	omply with the provisions of all statutes relative to the	e proper and complete performance o	of my a	luties,
and I am familiar	with and accept the obligations of my position as reg	istered agent.		•
	// ////////////////////////////////////			
	Capter Elle			
	(Registered agent's signature)			
11. Attached is a	crificate of existence duly authenticated, not more that	an 90 days prior to delivery of this am	olicatio	on 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.

FILED SECHETARY OF STATE

HVIST NEF CURPORATIONS 12. Names and business addresses of officers and/or directors: 12 FEB 21 PM 2: 26 A. DIRECTORS MASOOD Chairman: Vice Chairman: Address: _ Director: Address: **B. OFFICERS** Vice President: Address: _ Address: NOTE: In negessary, you may attach an addendum to the application listing additional officers and/or directors. 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.

MASOO D (Typed or printed name and capacity of person signing application) Corporations Section P.O.Box 13697 ' Austin, Texas 78711-3697



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 Mutual Progress Inc. (file number 800096740), a Domestic For-Profit Corporation, was filed in this office on June 20, 2002.

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

SECNICIARY OF STATE
NAME OF STATE SORPORATIONS

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 February 15, 2012.



Hope Andrade Secretary of State

Phone: (512) 463-5555 Prepared by: SOS-WEB