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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 648502 7118205

AUTHORIZATION :

Spuddelean

COST LIMIT : \$70.00

ORDER DATE : May 14, 2013

ORDER TIME : 10:27 AM

ORDER NO. : 648502-005

CUSTOMER NO: 7118205

FOREIGN FILINGS

NAME: NOBLE HEALTH SERVICES, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes -- EXT# 52920

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 15, 2013

CSC

RESUBMIT
Please give original
submission date as file date.

SUBJECT: NOBLE HEALTH SERVICES, INC.
Ref. Number: W13000028362

We have received your document for NOBLE HEALTH SERVICES, INC. and the authorization to debit your account in the amount of \$. However, the document has not been filed and is being returned for the following:

Please correct #4 on the application to be consistent with the certificate.

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) 245-6052.

Pamela Smith
Regulatory Specialist II

Letter Number: 213A00012094

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**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. Noble Health Services, 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. New York

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

3. 461278854

(FEI number, if applicable)

4. October 25, 2012

(Date of incorporation)

5. Perpetual

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

6. Upon Qualification

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

7. c/o Noble Health Services, Inc., 29 East Main Street, Gouverneur, NY 13642

(Principal office address)

29 East Main Street, Gouverneur, NY 13642

(Current mailing address)

Specialty pharmacy services. To engage in any act or activity for which corporations may be organized.

8. _____

(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

, Florida 32301

(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.

Corporation Service Company

By: John H. Reddick

(Registered agent's signature)

Assistant Vice President

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

A. DIRECTORS

Chairman: See attached directors rider

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached officers rider

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Warren D. Wolfson, Sec.

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. Warren D. Wolfson, Secretary

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

OFFICERS/DIRECTORS RIDER

FL-Application by Foreign Corporation for Authorization Noble Health Services, Inc.

List of Officers

Name: John Dyer

Bus. Addr.: c/o Noble Health Services, Inc. 29 East Main Street Gouverneur NY 13642

Name: Stephen P. McCoy

Bus. Addr.: c/o Noble Health Services, Inc. 29 East Main Street Gouverneur NY 13642

Name: David C. McClure

Bus. Addr.: c/o Noble Health Services, Inc. 29 East Main Street Gouverneur NY 13642

Name: David B. Warner

Bus. Addr.: c/o Noble Health Services, Inc. 29 East Main Street Gouverneur NY 13642

Name: Michael Becker

Bus. Addr.: c/o Noble Health Services, Inc. 29 East Main Street Gouverneur NY 13642

Name: Warren D. Wolfson

Bus. Addr.: c/o Hancock Estabrook, LLP 100 East Washington Street, Ste 206 Syracuse NY 13202

Title: President/CEO

Title: VP, CFO and
Treasurer

Title: VP Real Estate

Title: VP

Title: Assistant Treasurer

Title: Secretary

List of Directors

Name: John Dyer

Bus. Addr.: c/o Noble Health Services, Inc. 29 East Main Street Gouverneur NY 13642

Name: Owen W. Halloran

Bus. Addr.: c/o Noble Health Services, Inc. 29 East Main Street Gouverneur NY 13642

Name: Bridget-ann Hart

Bus. Addr.: c/o Noble Health Services, Inc. 29 East Main Street Gouverneur NY 13642

Name: Stephen P. McCoy

Bus. Addr.: c/o Noble Health Services, Inc. 29 East Main Street Gouverneur NY 13642

Name: David B. Warner

Bus. Addr.: c/o Noble Health Services, Inc. 29 East Main Street Gouverneur NY 13642

Name: Warren D. Wolfson

Bus. Addr.: c/o Hancock Estabrook, LLP 100 East Washington Street, Ste 206 Syracuse NY 13202

Term: Apr 30, 2014

Term: Apr 30, 2014

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**State of New York
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of NOBLE HEALTH SERVICES, INC. was filed on 10/25/2012, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

I further certify that no other documents have been filed by such corporation.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 02nd day of April
two thousand and thirteen.*

Daniel Shapiro
Special Deputy Secretary of State

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