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COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: JOJEPH E CHEBLI MO FACS	3 INC P			
Name of corporation - must include suffix				
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for Authorization to Transact Business "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to reabove referenced foreign corporation to transact business in Florida.				
Please return all correspondence concerning this matter to the following: Joseph E Chebl' MD Name of Person				
JOSEPH E CHEBLI MD FACS IN	10 PS			
Firm/Company				
1700 Venice Ave	 _			
Venice FL 34292 City/State and Zip code	·,			
City/State and Zip code				
E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification))			
For further information concerning this matter, please call:				
Joseph E Chubli at (206) 459 4722 Name of Person Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327				
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301				
Enclosed is a check for the following amount:				
Certificate of Status Certified Copy Certi	0 Filing Fee, ficate of Status & fied Copy			



August 1, 2013

JOSEPH E CHEBLI, MD 1700 VENICE AVE VENICE, FL 34292

SUBJECT: JOSEPH E CHEBLI MD FACS INC PS

Ref. Number: W13000043078

We have received your document for JOSEPH E CHEBLI MD FACS INC PS and your check(s) totaling \$87.50. 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) 245-6052.

Letter Number: 113A00018553

Tim Burch Regulatory Specialist II

www.sunbiz.org

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. CHEBLI (Enter name of corporation; must include "INCORPORATED," "COMPANY," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") JOSEPH E CHEBLI (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated) (FEI number, if applicable) (Duration: Year corp. will cease to exist or "perpetual") /2013 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Venice Avenue (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: Office Address: Florida 342 (City) 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

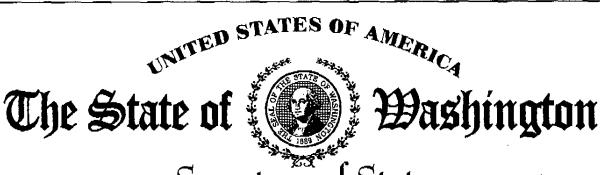
the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

under the law of which it is incorporated.

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

A. DIRECTORS	T 1 T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	$\sim M \Omega$
Chairman:	Joseph E. Chebli	, r i /
Address:	1700 E. Veni	e Ave
	Venice FL	34293
Vice Chairman:	Scme	ALCO A
		ART S.
Address:		
Director:	Sene	
Address:		
Director:	Same	
Address:		
B. OFFICERS	,	
Descident.	Joseph E. Chebli M	10
Address:		
Vice President:	Same, as above	
Address:		
······································		
Secretary:	Caroline Chebli	
Address:	1332 Quail Dive S.	crusata FL 34231
Treasurer:	Joseph E. Chebli, MD	
	1700 F. Visice Ave	Verice FL 34292
Address:		
NOTE: If necessary	, you may attack an addengum to the application listing	ng additional officers and/or directors.
13.	Signature of Director or Office	.,
The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein		
	r she is aware that false information submitted in a do as provided, for in s.817,155, F.S.	ocument to the Department of State constitutes
14.	Joseph F. Cheh	i, MD
[T]	(Typed or printed name and capacity of person sig	ting application)

THE.



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF

JOSEPH E CHEBLI MD, FACS, INC PS

I FURTHER CERTIFY that the records on file in this office show that the above named Professional Service Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 6/6/2005.

I FURTHER CERTIFY that as of the date of this certificate, JOSEPH E CHEBLI MD, FACS, INC PS remains active and has complied with the filing requirements of this office.

Date: August 2, 2013

UBI: 602-509-435



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State