

F13000005095

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

File 2nd  
After  
Withdrawal  
H13000259957

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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

FOREIGN PROFIT/NONPROFIT CORPORATION  
PROVISTA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	08
Estimated Charge	\$70.00

*11/26/13*

RECEIVED  
13 NOV 25 PM 12:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 NOV 25 AM 11:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

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### COVER LETTER

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

**SUBJECT:** Provisa, 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:

Denice Linton

Name of Person

VHA Inc.

Firm/Company

290 E. John Carpenter Freeway

Address

Irving, TX 75062

City/State and Zip code

dlinton@vha.com

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

For further information concerning this matter, please call:

Re

Denice Linton

Name of Person

at ( 972 ) 830-0034

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**

**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. Provista, Inc.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "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. 46-3850418**

(FEI number, if applicable)

**4. 10/11/2013**

(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. 250 E. John Carpenter Freeway, Irving, TX 75062**

(Principal office address)

same

(Current mailing address)

**8. Group Purchasing Organization**

(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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(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.*

CT Corporation System

By: 

(Registered agent's signature)

**Michael E. Jones**

**Assistant Secretary**

**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.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS SEE ATTACHMENT**

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

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

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

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

**B. OFFICERS SEE ATTACHMENT**

President: Dan Thomas

Address: 250 E. John Carpenter Freeway

Irving, TX 75062

Vice President: \_\_\_\_\_

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

Secretary: Catherine McKnight

Address: 250 E. John Carpenter Freeway, Irving, TX 75062

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. Dan Thomas, President

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

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

FILED

**Attachment to Florida  
Officers & Directors**

- 1 Full Name: Dino Eliopoulos  
Officer/Director: Officer  
Officer's Title: SVP/CFO  
Director's Title:  
Business Address: 250 E. John Carpenter Freeway  
City: Irving  
State: TX  
ZIP Code: 75062
- 2 Full Name: Jim Panoff  
Officer/Director: Officer  
Officer's Title: SVP, Sales & Bus. Development  
Director's Title:  
Business Address: 250 E. John Carpenter Freeway  
City: Irving  
State: TX  
ZIP Code: 75062
- 3 Full Name: Rusty Lewis  
Officer/Director: Officer  
Officer's Title: SVP, Information Services  
Director's Title:  
Business Address: 250 E. John Carpenter Freeway  
City: Irving  
State: TX  
ZIP Code: 75062
- 4 Full Name: Dan Thomas  
Officer/Director: Officer, Director  
Officer's Title: President/CEO  
Director's Title: Director  
Business Address: 250 E. John Carpenter Freeway  
City: Irving  
State: TX  
ZIP Code: 75062
- 5 Full Name: David Blom

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TALLAHASSEE, FLORIDA

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	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	250 E. John Carpenter Freeway
	City:	Irving
	State:	TX
	ZIP Code:	75062
6	Full Name:	John Grotting
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	250 E. John Carpenter Freeway
	City:	Irving
	State:	TX
	ZIP Code:	75062
7	Full Name:	Jeff Hillebrand
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	250 E. John Carpenter Freeway
	City:	Irving
	State:	TX
	ZIP Code:	75062
8	Full Name:	Byron Jobe
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	250 E. John Carpenter Freeway
	City:	Irving
	State:	TX
	ZIP Code:	75062
9	Full Name:	Curt Nonomaque
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director

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611-110

11/25/2013 11:58:49 From: To: 8506176381

( 7/8 )

Business Address:

250 E. John Carpenter Freeway

City:

Irving

State:

TX

ZIP Code:

75062

13 NOV 25 AM 11:58  
ST. LOUIS, MISSOURI  
TALLAHASSEE, FLORIDA

# Delaware

PAGE 1

## *The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROVISTA, 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 NINETEENTH DAY OF NOVEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

13 NOV 25 AM 11:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2829896 8300

131323968

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



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0907623

DATE: 11-19-13