

F/4000000470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

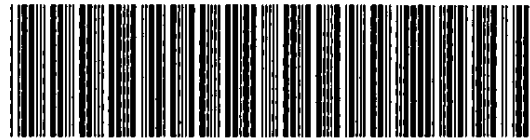
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

K 02/03/14

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Business Medical Information, Corp.

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:

Miguel Senior

Name of Person

Semago Investment, Inc.

Firm/Company

4901 Vineland Road, Suite 270

Address

Orlando, Florida 32811

City/State and Zip code

mssenior@semago.com

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

For further information concerning this matter, please call:

Miguel Senior

407

903-0825

at ()

Name of Person

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.

Business Medical Information, Corp.

1. _____
(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)

Island of Nevis, West Indies

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

20th December 2013

Perpetual

4. _____ 5. _____
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

Hunkins Waterfront Plaza, Suite 556, Charlestown, Nevis, West Indies.

7. _____
(Principal office address)
8224 Brezze Cove Lane, Orlando, Florida 32819.

(Current mailing address)

Any and All Lawful Business.

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: **Semago Investment, Inc.**

Office Address: **4901 Vineland Road, Suite 270**

Orlando, Florida **32811**
(City) (Zip code)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

Chairman: Julio Cesar Rojas
Address: 8224 Brezze Cove Lane, Orlando, Florida 32819.

Vice Chairman: Nancy Sophia Loor
Address: 8224 Brezze Cove Lane, Orlando, Florida 32819.

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: Julio Cesar Rojas
Address: 8224 Brezze Cove Lane, Orlando, Florida 32819.

Vice President: Nancy Sophia Loor
Address: 8224 Brezze Cove Lane, Orlando, Florida 32819.

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. Julio Cesar Rojas / President

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

14 JAN 27 PM 3:41
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ISLAND OF NEVIS
OFFICE OF THE REGISTRAR OF COMPANIES

CERTIFICATE OF GOOD STANDING

14 JAN 27 PM 3:41
FALL WALKER ST. FORT
MYRTLE BEACH, FLORIDA

I HEREBY CERTIFY that

Business Medical Information, Corp.

Was duly incorporated and existence commenced under the provisions of the Nevis
Business Corporation Ordinance 1984, as amended, on

20th December, 2013

I FURTHER CERTIFY that according to the records of this office the said corporation is
in Good Standing and has a legal corporate existence as of the date below shown.



Given under my Hand & Seal at Charlestown
This *20th day of December, 2013*

Registrar of Companies

NO. C 42912

pRS1pLa3