

F14000001476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

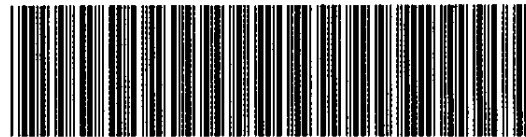
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
SECRETARY OF STATE

1/H

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Turning Point Solutions 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:

Alexis Mayor

Name of Person

PBY&A

Firm/Company

1000 Brickell Avenue, Suite 600

Address

Miami, FL 33131

City/State and Zip code

amayor@pbyalaw.com

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

For further information concerning this matter, please call:

Alexis Mayor

Name of Person

at (305) 377-0086

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:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input checked="" type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|---|---|---|

April 2, 2014

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Application by Turning Point Solutions Corp. for Authorization to Transact Business in
Florida as TurningPoint Healthcare Solutions Corp.

Dear Ms. Herring:

My name is Michael Lynch and I am a Manager of TurningPoint Healthcare Solutions, LLC, a Delaware limited liability company registered to do business in Florida under document number M14000001983. On behalf of TurningPoint Healthcare Solutions, LLC, I authorize you to permit the incorporation of TurningPoint Healthcare Solutions Corp. despite the similarity of the name to TurningPoint Healthcare Solutions, LLC. These companies are under common ownership and management and the name should be released for use by Turning Point Solutions Corp.

If you have any questions regarding these matters, please contact Alexis Mayor of Perlman Bajandas, Yevoli & Albright, P.L. at 305-377-0086.

Thank you for your assistance with these matters.

Sincerely,

TurningPoint Healthcare Solutions, LLC

By: 

Michael Lynch, Manager

**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. **Turning Point Solutions Corp**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

TurningPoint Healthcare Solutions Corp.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **Nevada**

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

3. _____

(FEI number, if applicable)

4. **January 18, 2012**

(Date of incorporation)

5. **Perpetual**

(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)

7. **59 Skyline Drive, Suite 1100, Lake Mary, FL 32746**

(Principal office address)

59 Skyline Drive, Suite 1100, Lake Mary, FL 32746

(Current mailing address)

8. **Any and all lawful business**

(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:

PBYA CORPORATE SERVICES, LLC

Office Address:

200 S Andrews Ave, Suite 600

Fort Lauderdale

(City)

, Florida

33301

(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.

(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.

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CLERK OF COURT
DIVISION OF CORPORATE AFFAIRS

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

A. DIRECTORS

Chairman: _____

Address: _____

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DIVISION OF CORPORATE
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Vice Chairman: _____

Address: _____

Director: MICHAEL LYNCH

Address: 59 Skyline Drive, Suite 1100, Lake Mary, FL 32746

Director: ERIC S PEZZI

Address: 59 Skyline Drive, Suite 1100, Lake Mary, FL 32746

B. OFFICERS

President: MICHAEL LYNCH

Address: 59 Skyline Drive, Suite 1100, Lake Mary, FL 32746

Vice President: _____

Address: _____

Secretary: ERIC S PEZZI

Address: 59 Skyline Drive, Suite 1100, Lake Mary, FL 32746

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. MICHAEL LYNCH

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

SECRETARY OF STATE



SECRETARY OF
DIVISION OF CORPORATIONS
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CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **TURNING POINT SOLUTIONS CORP**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since January 18, 2012, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 17, 2014.

ROSS MILLER
Secretary of State

Electronic Certificate
Certificate Number: C20140317-1773
You may verify this electronic certificate
online at <http://www.nvsos.gov/>