14/11/11/11/11/11/11/194

(Requestor's Name)				
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(Cit	ty/State/Zip/Phone	e #)		
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4/30/14

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JUST WHAT THE DOCTOR ORDERED, INC.

TYPE OF FILING: APPLICATION

COST:

70.00 - CHECK IS ATTACHED

RETURN: PLAIN COPY PLEASE

COVER LETTER

TO:	New Filing Section Division of Corpo			
SUBJ	JECT:	Just What T	he Doctor Ordered,	Inc.
		Name of corporation	on - must include suffix	
Dear S	Sir or Madam:			
"Certi	ficate of Existence,"	n by Foreign Corporation for "Certificate of Good States or corporation to transact busing the corporation for the corporation	inding" and check are si	
Please	return all correspon	dence concerning this matt	er to the following:	
		Susar	Wolf	
		Name o	f Person	
· · · · · · · · · · · · · · · · · · ·		Just What The Do	· · · · · · · · · · · · · · · · · · ·	
		Firm/Co	mpany	
		350 Hans	en Plaza	
		Ado	ress	
	Ly	ndora	PA	16045
			and Zip code	
		jwtdowbe(E-mail address: (to be used		t notification)
For fu	rther information co	ncerning this matter, please	•	
	Susan Wo	If at (724) 287	-2022
	Name of Person		Code & Daytime Tele	
Enclos	STREET/COUR New Filing Section Division of Corpor Clifton Building 2661 Executive C Tallahassee, FL 3	n rations enter Circle 2301	New Filing	Corporations 27
\$	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

14 APR 30 AM 8: 25

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN R	VI COMPLIANCE WITH SECTION 607.1503, FLORIDA EGISTER A FOREIGN CORPORATION TO TRANSAC Just What The D	A STAT	UTES, THE FOLLO INESS IN THE STAT	VING IS SU. E OF FLOR	BMITTED TO CHILDA.
1.	Just What The C	octor	Ordered, Inc.		ASSI
••	(Enter name of corporation; must include "INCORPORATI "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")				E, FLORID
	(If name unavailable in Florida, enter alternate corporate na	me adop	oted for the purpose of	ransacting bu	
2.	Pennsylvania (State or country under the law of which it is incorporated)	3.	41-2	2261790	
	(State or country under the law of which it is incorporated)		41-: (FEI numb	er, if applicat	le)
4.	12/7/2007 5.		Perpetual (Duration: Year corp. will cease to exist or "perpetual")		
•••	(Date of incorporation)	(D:	uration: Year corp. wil	cease to exis	st or "perpetual")
6.	06/0	1/2014			
	(Date first transacted busine (SEE SECTIONS 607.1501 & 60				
7	350 Hansen Plaza		Lyndora	PA	16045
	(Principal office	address)			
	350 Hansen Plaza		Lyndora	PA	16045
	(Current mailing	address)			
8.	Sale of medical supplies and all other				
	(Purpose(s) of corporation authorized in home state o	r country	y to be carried out in st	ate of Florida)
9.	Name and street address of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)		
	Name: National Corporate Research, Ltd	d., Inc.	-		
Of	fice Address: 155 Office Plaza Drive		ne .		
	Tallahassee (City)		, Florida <u>32301</u> (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.

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

A. DIRECTORS				9		
Chairman:	Cath	erine Graham		28 7		
Address:	498 F	ourth Street		AH.		
	West Pittsburg		PA	S 14160 30		
Vice Chairman:		Albert Graham				
		ourth Street		S 7AT		
	West Pittsburg		PA	16760		
Director:	Sı	ısan Wolf				
		rth Main Street				
	Butler		PA	16001		
		rett Graham				
		outh Valley Ct				
	Mars		PA	16046		
B. OFFICERS				•		
President:	Cath	erine Graham				
	498 Fourth Street					
	West Pittsburg		PA	16160		
Vice President:	,	Albert Graham				
	Vice President:Albert Granam Address:498 Fourth Street					
	West Pittsburg		PA	16160		
Secretary:	S	usan Wolf				
Address:	400 11 11 11 1 01 4	Butler	PA	16001		
Treasurer:	s	usan Wolf				
Address:	408 North Main Street	Butler	PA	16001		
NOTE: If necessar	ry, you may attach an addendum to the app	olication listing addition	onal officers and/	or directors.		
13	Dury Scrittins Signature of Direct					
are true and that he	or she is aware that false information subras provided for in s.817.155, F.S.	ed in number 12 above	e) affirms that the o the Department	facts stated herein of State constitutes a		
14	Susan Wolf		Secretary/	Treasurer		

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

APRIL 25, 2014

TILED

14 APR 30 AM 8: 29

SECRETARY OF STATE
SECRETARY OF STATE

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Just What the Doctor Ordered, Inc.

is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Perce Priese

Certification Number: 11795063-1

Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp