

F140000002125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

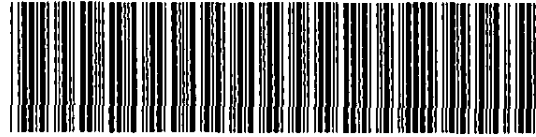
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
14 MAY 14 AM 8:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED
14 MAY 14 PM 4:26
DIVISION OF CORPORATIONS



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 132315 7227304

AUTHORIZATION *[Signature]*

COST LIMIT : \$ 70.00

ORDER DATE : May 14, 2014

ORDER TIME : 2:36 PM

ORDER NO. : 132315-005

CUSTOMER NO: 7227304

FOREIGN FILINGS

NAME: CLOUD REV MEDICAL INC

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: _____

FILED
14 MAY 14 AM 8:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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. Cloud Rev Medical Inc

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

N/A

(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. 46-5374550

(FEI number, if applicable)

4. April 10, 2014

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. N/A

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

7. 3260 Henry Hudson Parkway, 6D, Bronx, NY 10463

(Principal office address)

3260 Henry Hudson Parkway, 6D, Bronx, NY 10463

(Current mailing address)

8. Medical billing services using SaaS methodology and any business or activity permitted under Florida law

(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:

Corporation Service Company

Office Address:

1201 Hays Street

Tallahassee

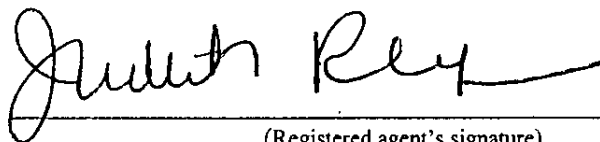
(City)

32301

(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)

Judith Reyes
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

14 MAY 14 AM 8:30

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

A. DIRECTORS

Chairman: Saurabh Mittal

Address: 3260 Henry Hudson Parkway, 6D
Bronx, NY 10463

Vice Chairman: Jesús Rueda Molins

Address: 3260 Henry Hudson Parkway, 6D
Bronx, NY 10463

Director: Luke Tashie

Address: 3260 Henry Hudson Parkway, 6D
Bronx, NY 10463

Director: _____

Address: _____

B. OFFICERS

President: Jesús Rueda Molins

Address: 3260 Henry Hudson Parkway, 6D
Bronx, NY 10463

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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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. Jesús Rueda Molins 

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CLOUD REV MEDICAL 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 FOURTEENTH DAY OF MAY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLOUD REV MEDICAL INC" WAS INCORPORATED ON THE TENTH DAY OF APRIL, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED
14 MAY 14 AM 8:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

5514917 8300

140629143

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1371785

DATE: 05-14-14