## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H14000194310 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023

Phone : (850) 222-1092

Fax Number

: (850)878-5368

\*\*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 Mend VIP, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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Corporate Filing Menu

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#### **COVER LETTER**

TO: New Filing Section Division of Corporations						
SUBJECT: Mend VIP, Inc.						
	on - 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 mat	ner to the following:					
Emily Pearl						
Name	of Person					
CT - NRAI						
Firm/C	ompany					
2875 Michelle Dr., Suite 100						
Ad	dress					
Irvine, CA 92606						
City/State	e and Zip code					
Emily.Pearl@wolterskluwer.com						
E-mail address: (to be use	d for future annual report notification)					
For further information concerning this matter, pleas	e call:					
Emily Pearl at ( 800	562-6439					
Name of Person Are	es 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 & Certificate of Status	□ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy 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.

(If name unavailable in Delaware	Florida, enter alternate corporate name	adopted for the purpose of transacting 47-1600103	business in Florida)	
·	3. r the law of which it is incorporated)	(FEI number, if applicable)		
August 14, 2014	5.	Perpenual	•	
(Date of inco		(Duration: Year corp. will cease to	exist or "perpetual")	
6				
		n Florida, if prior to registration) 502, F.S., to determine penalty liabiling	v)	
2835 Kemper Ave., Orla		( v.o., to determine potant) tables,	,,	
/	(Principal office add	ress)		
2835 Kemper Ave., Orl	<u></u>		- to the same	
	(Current mailing add	1622)	7.47384 211	
R. Name and street adds	ess of Florida registered agent: (P.	T. Boy. NOT recontable)	All T	
s. 14ame and <u>Succession</u>	Matthew McBride	o. box <u>Not</u> acceptable)	SE T	
Name:		<del></del>		
Office Address:	2835 Kemper Ave.	<u> </u>		
	Orlando,	32814 , Florida	5.2	
	(City)	(Zip code)	7	
	· · · · · · · · · · · · · · · · · · ·			
9. Registered agent's a	eceptance:			
9. Registered agent's a	acceptance: registered agent and to accept serv			

<sup>10.</sup> 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.

11. Names and business addresses of officers and/or directors:								
A. DIRECTORS								
Chairman: Mauhew McBride								
2835 Kemper Ave., Orlando, FL 32814 Address:								
	·····							
Vice Chairman:			<del>-</del>					
Address:								
Director:								
Address:								
	<u> </u>	11						
Director:	<u> </u>							
	# 7 P	<u>₽</u>	71					
Address:	i;:	œ	Ī					
	(3) (4) (3) (4)	<u> </u>	<u> </u>					
B. OFFICERS	10 TO	===						
President: Matthew McBride	<u> </u>	2						
Address: 2835 Kemper Ave., Orlando, FL 32814								
Vice President:	****							
Address:								
Manhew McBride								
Secretary: 2835 Kemper Avc., Orlando, FL 32814	<del></del>	<u>_</u>						
Address:	<del></del>							
Treasurer: Matthew McBride								
2835 Kemper Ave., Orlando, FL 32814								
NOTE: If necessary, you may attach an addendum to the application listing additional officers	and/or directo	ors.						
12. man sugside								
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 12 above) affirms that	t the feate sta	tad h-						
are true and that he or she is aware that false information submitted in a document to the Departu								
a third degree felony as provided for in s.817.155, F.S.								
13. Matthew McBride  (Typed or printed name and capacity of person signing application)	<del></del>							
( ) shee of bennes frame after cabacity of beloon signing approached)								

# Delaware

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEND VIP, 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 FIFTEENTH DAY OF AUGUST, A.D. 2014.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEND VIP, INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF AUGUST, A.D. 2014.

8300

DATE: 08-15-14