

F14000004788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

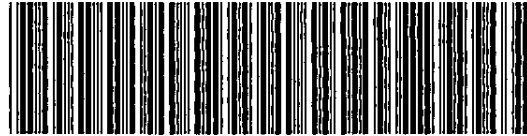
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900264886449

10/06/14--01029--013 **78.75

14 NOV 10 PM 3:52
RECEIVED
TALLAHASSEE, FL 32304

W14-62108

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Healthcare, Inc.

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:

Ani Garcia

Name of Person

Healthcare, Inc.

Firm/Company

3250 NE 1st Avenue, Suite 915

Address

Miami, FL 33137

City/State and Zip code

ani@healthcare.com

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

For further information concerning this matter, please call:

José Vargas

305

400-0818

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

November 13, 2014

FAX: 850-245-6804

ATTN. Jessica

Hi Jessica,

I used to own the Florida corporation named Healthcare, Inc. Document number: P11000063473. I dissolved that corporation because we converted the company into a Delaware Corporation. We are still doing business in Florida, office and employees, so that is why we are applying as a Delaware company to work in Florida.

I authorize the use of our old Florida name for us to use. Healthcare, Inc. Document number: P11000063473.

This is my contact information:

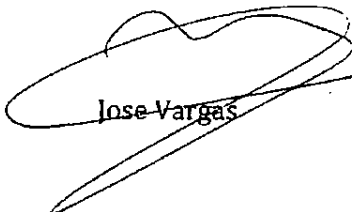
Jose Vargas

President

jose@healthcare.com

(305) 400-0818

Thanks,



Jose Vargas



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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14 NOV 10 AM 10:53

STATE
FLORIDA

October 10, 2014

ANI GARCIA
3250 NE 1ST AVE STE 915
MIAMI, FL 33137

SUBJECT: HEALTHCARE, INC.
Ref. Number: W14000062108

We have received your document for HEALTHCARE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Alternate name needs to contain an ending suffix.950.00

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$The Alternate name needs to contain an ending suffix..

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: HEALTHCARE, INC.

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:

AMADO GARCIA

Name of Person

A GARCIA & CO. PA

Firm/Company

11440 N. KENDALL DR. SUITE 401

Address

MIAMI, FL. 33176

City/State and Zip code

agarciaacpa@gmail.com

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

For further information concerning this matter, please call:

AMADO GARCIA

Name of Person

at (305) 273-6525

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 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 |
|---|--|---|---|

**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. **Healthcare, Inc.**

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

Healthcare, Inc.

(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. **45-2731251**

(FEI number, if applicable)

4. **September 23, 2014**

(Date of incorporation)

5. **Perpetual**

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

6. **07/13/2011 / Originally a Florida corporation Org. Doc# 289847**

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

7. **3250 NE 1st. Avenue, Suite 915, Miami FL. 33137**

(Principal office address)

3250 NE 1st. Avenue, Suite 915, Miami FL. 33137

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **Jose Vargas**

Office Address: **3250 NE 1st Avenue, Suite 915**

Miami

(City)

, Florida **33137**

(Zip code)

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STATE
SECRETARY OF
STATE

9. 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)

10. 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: Matias de Tezanos

Address: 3250 NE 1st. Avenue, Suite 915
Miami, FL. 33137

Vice Chairman: _____

Address: _____

Director: Jose Vargas

Address: 3250 NE 1st. Avenue, Suite 915
Miami, FL 33137

Director: Julio Gonzalez Arrivillaga

Address: 3250 NE 1 St Avenue, Suite 915
Miami, FL. 33137

B. OFFICERS

President: Jose Vargas

Address: 3250 NE 1st. Avenue, Suite 915
Miami, FL 33137

Vice President: _____

Address: _____

Secretary: Jose Vargas

Address: 3250 NE 1st. Avenue, Suite 915, Miami FL 33137

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

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.

13. Jose Vargas, President

(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 "HEALTHCARE, 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 TWENTY-NINTH DAY OF SEPTEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HEALTHCARE, INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2014.

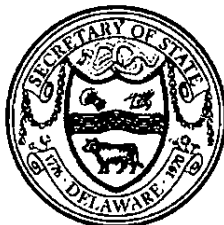
AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

14 NOV 10 PM 3:52
DELAWARE STATE
SECRETARY OF STATE

5609810 8300

141235176

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1739105

DATE: 09-29-14