

F150000000233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

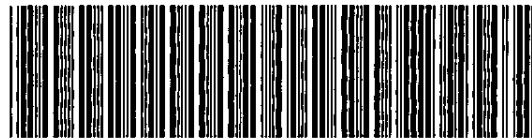
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

JAN 21 2015  
A. DUNLAP

Office Use Only



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11/25/14--01004--010 \*\*70.00

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15 JAN 12 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

214 00071855



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 2, 2014

PAUL HASSIE  
3630 SW 47TH AVENUE  
GAINESVILLE, FL 32608

SUBJECT: XHALE ASSURANCE, INC.  
Ref. Number: W14000071855

We have received your document for XHALE ASSURANCE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 \$800.00.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Carol Mustain  
Regulatory Specialist II

Letter Number: 814A00025351



RECEIVED  
15 JAN 12 AM 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 15, 2015

Ms. Carol Mustain  
Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Ms. Mustain:

We are returning a corrected *Application By Foreign Corporation For Authorization To Transact Business In Florida*, along with your letter of December 2, 2014. Please note on the application we have the initial date we first transacted business in Florida as October 23, 2014. Our initial application incorrectly identified our initial date as June 1, 2012; however, from June 1, 2012 until October 23, 2014 our business operations were conducted from our office in Glastonbury, Connecticut. We moved those operations from Connecticut to Florida on October 23, 2014.

Also as requested, we are enclosing the certificate of existence dated December 24, 2014 that we obtained from the State of Delaware where we are incorporated.

You may contact me by telephone at 352-327-4314 or by email at [phassie@xhale.com](mailto:phassie@xhale.com) if you have any questions or concerns.

We appreciate your assistance.

Sincerely,

Paul A. Hassie  
Chief Financial Officer

enclosures

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Xhale Assurance, 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:

PAUL HASSIE  
Name of Person  
Xhale, Inc.  
Firm/Company  
3630 SW 47<sup>th</sup> Avenue  
Address  
Gainesville FL 32608  
City/State and Zip code  
phassie@xhale.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL HASSIE at ( 352 ) 327-4314  
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

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

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

2. Delaware 3. 45-5416393  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 1, 2012 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 10/23/2014  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3630 SW 47<sup>th</sup> Avenue, Gainesville, FL 32608  
(Principal office address)

3630 SW 47<sup>th</sup> Avenue, Gainesville, FL 32608  
(Current mailing address)

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

Name: PAUL HASSIE

Office Address: 3630 SW 47<sup>th</sup> Avenue, Suite 100  
GAINESVILLE, Florida 32608  
(City) (Zip code)

**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.*

Paul Hassie

(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.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: See attached listing

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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15 JAN 12 PM 3:41  
SECRETARY  
ALLAHASSEE

**B. OFFICERS**

President: RICHARD R. ALLEN

Address: 3630 SW 47<sup>th</sup> Avenue, Gainesville, FL 32608

Vice President: JOHN MOSCARILLO

Address: 3630 SW 47<sup>th</sup> Avenue, Gainesville, FL 32608

Secretary: PAUL HASSIE

Address: 3630 SW 47<sup>th</sup> Avenue, Gainesville, FL 32608

Treasurer: PAUL HASSIE

Address: 3630 SW 47<sup>th</sup> Avenue, Gainesville, FL 32608

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

12. Paul A. Hassie

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. PAUL A. HASSIE

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

**Xhale Assurance, Inc.**

***Application by Foreign Corporation for Authorization to Transact Business in Florida***

**11. A. DIRECTORS**

Richard R. Allen , Chairman

3630 SW 47<sup>th</sup> Avenue, Suite 100  
Gainesville, FL 32608

John F. Harper, Director

3630 SW 47<sup>th</sup> Avenue, Suite 100  
Gainesville, FL 32608

Paul A. Hassie, Director

3630 SW 47<sup>th</sup> Avenue, Suite 100  
Gainesville, FL 32608

Richard J. Melker, Director

3630 SW 47<sup>th</sup> Avenue, Suite 100  
Gainesville, FL 32608

John R. Moscarillo, Director

3630 SW 47<sup>th</sup> Avenue, Suite 100  
Gainesville, FL 32608

# Delaware

PAGE 1

## *The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "XHALE ASSURANCE, 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-FOURTH DAY OF DECEMBER, A.D. 2014.


FILED  
15 JAN 12 PM 3:41  
SECRETARY OF STATE  
DELAWARE



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141576656

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1990588

DATE: 12-24-14