

F15000002578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

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Special Instructions to Filing Officer:

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W1500029863

JUN 12 2015

T. SCOTT



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15 JUN 11 AM 11:30



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 4, 2015

ANTHONY R LADO
ORLANDO IHEALTH, INC.
618 EAST SOUTH STREET, #500
ORLANDO, FL 32801

SUBJECT: ORLANDO IHEALTH, INC.
Ref. Number: W15000029863

We have received your document for ORLANDO IHEALTH, 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):

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.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return the corrected original and one copy of 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 815A00008642

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ORLANDO iHEALTH, 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:

ANTHONY R. LADO
Name of Person

ORLANDO iHEALTH, INC.
Firm/Company

55 WEST CHURCH STREET, SUITE # 2716
Address

ORLANDO, FL 32801
City/State and Zip code

ANTHONYR.LADO@ORLANDOIHEALTH.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTHONY R. LADO at (407) 617-5220
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. ORLANDO HEALTH, 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 (State or country under the law of which it is incorporated) 3. 47-355055 (FEI number, if applicable)

4. MARCH 24, 2015 (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. 55 WEST CHURCH STREET, SUITE #2716 (Principal office address)

55 WEST CHURCH STREET, SUITE #2716 (Current mailing address)

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

Name: ANTHONY R. LADO

Office Address: 55 W. CHURCH ST. #2716

ORLANDO, Florida 32801 (City) (Zip code)

Orlando, FL 32801

15 JUN 11 AM 11:30

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: ANTHONY R. LADO

Address: 55 WEST CHURCH ST. # 2716
ORLANDO, FL 32801

Vice Chairman: ANTHONY R. LADO

Address: 55 WEST CHURCH ST. # 2716
ORLANDO, FL 32801

Director: ANTHONY R. LADO

Address: 55 WEST CHURCH ST. # 2716
ORLANDO, FL 32801

Director: _____

Address: _____

B. OFFICERS

President: ANTHONY R. LADO

Address: 55 WEST

Vice President: ANTHONY R. LADO

Address: 55 WEST CHURCH ST. # 2716
ORLANDO, FL 32801

Secretary: ANTHONY R. LADO

Address: 55 WEST CHURCH ST. # 2716, ORLANDO
FL 32801

Treasurer: ANTHONY R. LADO

Address: 55 WEST CHURCH ST. # 2716
ORLANDO, FL 32801

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. ANTHONY R. LADO, PRESIDENT

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

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ORLANDO IHEALTH, 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 TWENTIETH DAY OF MAY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ORLANDO IHEALTH, INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF MARCH, A.D. 2015.


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

5716320 8300

150728008



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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2396677

DATE: 05-20-15