

**F1500003325**  
Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : NORTHWEST REGISTERED AGENT LLC  
Account Number : I20090000081  
Phone : (509)768-2249  
Fax Number : (855)330-1010

**\*\*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  
THE ALLIANCE GROUP, INC.**

Certificate of Status	0
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RECEIVED  
15 JUL 29 PM 2:54  
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TALLAHASSEE, FLORIDA

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15 JUL 29 AM 10:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 30 2015

S. YOUNG

Help

**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. **THE ALLIANCE GROUP, INC.**

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

**AlliHealth, Inc.**

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

2. **Montana**

(State or country under the law of which it is incorporated)

3. **N/A**

(FEI number, if applicable)

4. **12/07/2007**

(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. **226 N. Nova Road, Suite 206, Ormond Beach, FL 32174**

(Principal office address)

**226 N. Nova Road, Suite 206, Ormond Beach, FL 32174**

(Current mailing address)

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

Name: **Northwest Registered Agent, LLC**

Office Address: **3030 N. Rocky Point Dr, STE 150A**

**Tampa**

(City)

**33607**

, Florida (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.*



(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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STATE OF FLORIDA  
TAMPA

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

**A. DIRECTORS**

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

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

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

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

Director: Chris Sallah

Address: 226 N. Nova Road, Suite 206, Ormond Beach, FL 32174

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

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

**B. OFFICERS**

President: Chris Sallah

Address: 226 N. Nova Road, Suite 206, Ormond Beach, FL 32174

Vice President: \_\_\_\_\_

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

Secretary: Chris Sallah

Address: 226 N. Nova Road, Suite 206, Ormond Beach, FL 32174

Treasurer: Chris Sallah

Address: 226 N. Nova Road, Suite 206, Ormond Beach, FL 32174

**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. Chris Sallah, President

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

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JUL 29 11 17 AM  
STATE  
SECRETARY OF  
FLORIDA

# SECRETARY OF STATE

## STATE OF MONTANA

### CERTIFICATE OF EXISTENCE

I, Linda McCulloch, Secretary of State of the State of Montana, do hereby certify that

THE ALLIANCE GROUP, INC.

duly filed its Articles of Incorporation in this office on 7 December 2007, and on that date was created a body politic and corporate.

I further certify that all fees reflected in the records of the Secretary of State have been paid by said corporation and that the most recent annual report has been filed with this office.

I further certify that no articles of dissolution have been placed on record in this office by said corporation and my records indicate the corporation is in good standing under the laws of the State of Montana and authorized to transact in business and conduct its affairs in this state.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 29 July 2015

LINDA MCCULLOCH  
Secretary of State

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SECRETARY OF STATE  
LINDA MCCULLOCH

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