

F1500000 4804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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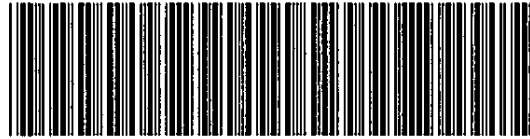
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE FLORIDA

OCT 30 2015  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Five Health 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:

Todd A. Zuckerbrod, Esq.  
Name of Person  
Todd A. Zuckerbrod, P.A.  
Firm/Company  
40 S.E. 5<sup>th</sup> Street, Suite 400  
Address  
Boca Raton, FL 33432  
City/State and Zip code  
TZ@TZBROKERLAW.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Todd A. Zuckerbrod at ( 561 ) 544-8144  
Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration 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. Jibe 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 3. 47-4947167  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. September 1, 2015 5. perpetual  
(Date of incorporation) (Date of duration, if other than perpetual)

6. October 14, 2015  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S. to determine penalty liability)

7. 40 S.E. 5<sup>th</sup> Street, Suite 406  
(Principal office address)

Boca Raton, Fl. 33432  
(Current mailing address, if different)

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

Name: Todd A. Zuckerbrod, esq.

Office Address: 40 S.E. 5<sup>th</sup> Street, Suite 400  
Boca Raton, , Florida 33432  
(City) (Zip code)

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**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.*

Todd A. Zuckerbrod  
(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: Peter Colon  
Address: 40 S.E. 5<sup>th</sup> Street, Suite 406  
Boca Raton, FL 33432

Vice Chairman: George Theodore  
Address: 40 S.E. 5<sup>th</sup> Street, Suite 406  
Boca Raton, FL 33432

Director: Shane McIntyre  
Address: 40 S.E. 5<sup>th</sup> Street, Suite 406  
Boca Raton, FL 33432

Director: Todd A. Zuckerbrod  
Address: 40 S.E. 5<sup>th</sup> Street, Suite 400  
Boca Raton, FL 33432

**B. OFFICERS**

President: Peter Colon  
Address: same as above

Vice President: George Theodore  
Address: same as above

Secretary: Shane McIntyre  
Address: same as above

Treasurer: Shane McIntyre  
Address: same as above

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

12. Todd A. Zuckerbrod  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. Todd A. Zuckerbrod, Director  
(Typed or printed name and capacity of person signing application)

# Delaware

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JIBEHEALTH 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 FIRST DAY OF SEPTEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JIBEHEALTH INC." WAS INCORPORATED ON THE FIRST DAY OF SEPTEMBER, A.D. 2015.

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



  
Jeffrey W. Bullock, Secretary of State

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AUTHENTICATION: 2694446

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DATE: 09-01-15  
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