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TO: Registration Se	ection				
Division of Co					
Andrews	Technology HMS,	Inc.			
SUBJECT:					
	Name	of corporation -	must include suffix		
Dear Sir or Madam:					
	e," or "Certificate	e of Good Stand	uthorization to Transact Iiing" and check are submins in Florida.		? ?
Please return all corres Andrew Blundell	pondence concern	ing this matter t	o the following:		
		Name of Po	argan		
Andrews Technology HN	1S, Inc	Name of Fe	515011		
		Firm/Comp	any		
1213 Culbreth Dr., Suite	126	•	•		
	· -	Addres	S		
WIlmington, NC 28405				78 78 78 78 78 78 78 78 78 78 78 78 78 7	
		City/State and	l Zip code	255	
perry@andrewstechnolog	y.net	·	•	NOV 2	
	E-mail addres	s: (to be used fo	r future annual report noti	100	[7]
For further information concerning this matter, please call:			P 2: Fluid	O	
Perry Maxwell		888 at (357-7299 ext. 8115	şm e	
Name of Perso	on	Area Code	Daytime Telephor	ne Number	
STREET/CO	JRIER ADDRES	SS:	MAILING ADD	DRESS:	
Registration Section			Registration Section		
Division of Corporations			Division of Corporations		
Clifton Building			P.O. Box 6327		
2661 Executive Tallahassee, FI			Tallahassee, FL	32314	
Enclosed is a check for	the following am	ount:			
□ \$70.00 Filing Fee	□ \$78.75 Filin		\$78.75 Filing Fee &	■ \$87.50 Filing Fe	
Certificate of Status Certified Copy Certificate of Status					atus &

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. Andrews Technology HMS, Inc. 1. (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) 27-0239575 New York 2. (FEI number, if applicable) (State or country under the law of which it is incorporated) May 5, 2009 (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1213 Culbreth Dr., Suite 126 Wilmington, NC 28405 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Jason Blundell Name: 600 Via Lugano Circle, Apt. 310 Office Address: Boynton Beach , Florida (City) 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

GRegistered agent's signature)

duties, and I am familiar with and accept the obligations of my position as registered agent.

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:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	TALLS 2015
Andrew Blundell President:	
2103 Deer Island Lane Address:	85 N
Wilmington, NC 28405	
Vice President:	
Address:	25 E
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional add	tional officers and/or directors.
12. Signature of Director or Officer	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 abo are true and that he or she is aware that false information submitted in a document a third degree felony as provided for in s.817.155, F.S. Andrew Blundell, President 13.	
(Typed or printed name and capacity of person signing ap	oplication)

State of New York **Department of State**

I hereby certify, that the Certificate of Incorporation of ANDREWS TECHNOLOGY HMS, INC. was filed on 05/05/2009, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.





WITNESS my hand and the official seal of the Department of State at the City of Albany, this 18th day of November two thousand and fifteen.

Literary Siardina

Executive Deputy Secretary of State