

F15000005384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 9, 2015

KURT FERBER
3 CORBETT WAY STE B
EATONTOWN, NJ 07724

SUBJECT: NEW LEAF HEALTH & WELLNESS P.C.
Ref. Number: W15000073648

We have received your document for NEW LEAF HEALTH & WELLNESS P.C. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 115A00023629

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: New Leaf Health & Wellness PC

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:

Kurt C. Ferber

Name of Person

New Leaf H&W

Firm/Company

3 Corbett way Ste B

Address

Eatontown, NJ 07724

City/State and Zip code

kurtf@sprouthealthgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kurt Ferber

Name of Person

at (208) 7949740

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

New Leaf Health & Wellness, PC

3 Corbett Way Suite A
Eatontown, NJ 07724

fax: 848-456-7710

Kurt C. Ferber
New Leaf Health & Wellness PC

New Leaf Health & Wellness P.C.
EIN 46-3791845
3 Corbett way Suite A
Eatontown, NJ 07724

November 24, 2015

Florida Division of Corporations – Agent Justin
850-245-6030

Dear Florida Division of Corporations – Agent Justin:

This letter relates to the dissolved corporation under Document Number P15000090717. We dissolved this doc # because we were incorrectly advised to file this incorporation in FL.

As noted by Agent Stacy, the correct procedure would have been to use our existing EIN (entity incorporated in NJ), and *register* (not incorporate) our existing NJ entity as a *foreign* corp, to do business in the state of FL.

Given this error, we have completed dissolution of doc # P15000090717. See exhibit A.

We further note that we have no intention of restating this entity under doc # P15000090717. Therefore, we would like to ask you to please release the name, so we can utilize that name for the registration of the foreign entity based in NJ ASAP.

If you have any questions, please contact me directly at 208-794-9740 or email me

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TALLAHASSEE, FLORIDA

Florida Division of Corporations – Agent Justin

November 24, 2015

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I hereby authorize the recipient of this document to add the "INC." to the end of our business legal name, so that our legal name in the state of Florida will be displayed as " NEW LEAF HEALTH AND WELLNESS PC , INC. "

Sincerely,

A handwritten signature in black ink, appearing to read "Kurt C. Ferber", with a stylized flourish at the end.

Kurt C. Ferber

Tel: 208-794-9740

Fax: 848-456-7710

kurtf@sprouthealthgroup.com

**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. **New Leaf Health & Wellness PC 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. **NJ** 3. **46-3791845**
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. **09/30/2013** 5. **perpetual**
(Date of incorporation) (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. **4828 Lake Worth Rd. SUITE A , Greenacres FL 33463**
(Principal office address)
4828 Lake Worth Rd. SUITE A , Greenacres FL 33463
(Current mailing address)

8. **Practice office**
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: **Kurt C. Ferber**
Office Address: **4828 Lake Worth Rd. SUITE A**
Greenacres, Florida **33463**
(City) (Zip code)

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10. **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.

xxx Kurt Ferber
(Registered agent's signature)

11. 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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Arel Meister-Aldama

Address: 3 Corbett way Ste B
Eatontown, NJ 07724

Director: Robert Wallace

Address: 3 Corbett way Ste B
Eatontown, NJ 07724

B. OFFICERS

President: _____

Address: _____

Vice President: Kurt C. Ferber

Address: 3 Corbett way Ste B
Eatontown, NJ 07724

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. xxx Kurt Ferber
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.

14. Kurt C. Ferber

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

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STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

NEW LEAF HEALTH AND WELLNESS, P.C.

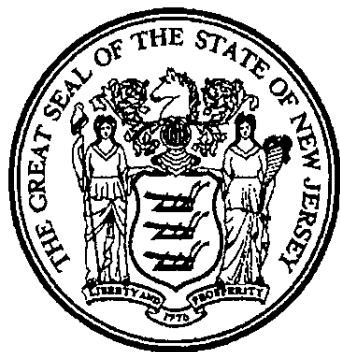
0101029293

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Professional Corporation was registered by this office on September 30, 2013.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

**The Corporation Trust Company
820 Bear Tavern Road
West Trenton, NJ 08628**



Certification# 137554469

IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed my
Official Seal at Trenton, this
2nd day of November, 2015

Robert A. Romano

Robert A Romano
Acting State Treasurer

Verify this certificate at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp