F160000000569

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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YSTINES

MS - 83250



December 31, 2015

BASSEM CHAHINE 321 NE INDUSTRIAL LANE LAWRENCE, KS 66044 US

SUBJECT: MEDWAKH.COM, INC. Ref. Number: W15000083250

We have received your document for MEDWAKH.COM, 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):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$950.00.

There is a balance due of \$950.00.

Please return 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.

Letter Number: 715A00027295

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

COVER LETTER

	Registration Section Division of Corporations					
SUBJEC	T: <u>Medwakl</u>	Name of corporation	- must include suffix			
Dear Sir or	: Madam:					
"Certificate	e of Existence," or "C		Authorization to Transact ling" and check are subn s in Florida.			
		concerning this matter				
Bass	sem Chah	ne				
		Name of P	erson			
Medi	wakh.com	nc				
		Firm/Comp	pany			
321	NE Industr	Name of P Firm/Comp ial Lane Address				
Lawr	rence, KS	City/State on	d Zip code or future annual report no			
0	^ - \	City/State an	a zip code			
13a 55	em @ Meduz E-mai	<u>akh.20M</u> l address: (to be used fo	or future annual report no	otification)		
		ng this matter, please ca				
Karlı	in Greve	at (785	843-0313 Daytime Teleph	•		
N	ame of Person	Area Code	Daytime Teleph	one Number		
ST	reet/courier a	DDRESS:	MAILING AE	DDRESS:		
Registration Section		Registration Se	Registration Section			
	Division of Corporations Clifton Building Division of Corporations P.O. Box 6327		rporations			
26	61 Executive Center Collabassee, FL 32301	Circle	Tallahassee, FL 32314			
Enclosed i	s a check for the follow	wing amount:				
\$70.00		.75 Filing Fee & rificate 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. (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) Kantas
(State or country under the law of which it is incorporated)

3. 27-3715539
(FEI number, if applicable) (Date of incorporation)

5. perpetual
(Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 321 NE Ind (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) InCorp Services, Inc. Name: 17888 67th Court North Office Address: Lozahatchee, FL 33470, 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.

Sara Brautigam on behalf of InCorp Services (Registered agent's signature) Inc.

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: Vice Chairman: Address: ____ Director: Address: Director: Address: **B. OFFICERS** President: Bassen Chahine Stone Meadows Ct. 66049 Vice President: Elizabeth Chahne Address: 4405 Stone Meadows Ct. Lawrence, KS 66049 Secretary: Treasurer: Elizabeth Chahine Address: 4405 Stone Meadows Ct, Lawrence KS 66049 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Bassem Chahine - President (Typed or printed name and capacity of person signing application)

OFFICE OF SECRETARY OF STATE KRIS W. KOBACH

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 4457370

Entity Name: MEDWAKH.COM, INC.

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

Resident Agent: CORPORATION SERVICE COMPANY

Registered Office: 2900 SW WANAMAKER DRIVE SUITE 204, TOPEKA, KS 66614

was filed in this office on October 18, 2010, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of September 17, 2015

KRIS W. KOBACH SECRETARY OF STATE

Certificate ID: 711106 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.