

FILED 000001167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

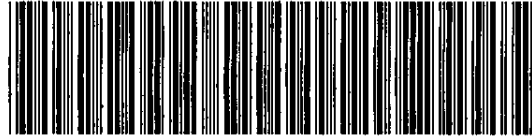
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900283059949

03/10/16--01027--004 **70.00

2016 MAR 10 A 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

MAR 11 2016

D. BRUCE

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: The Health Depot Association Inc.
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Randi Haluptzok

Name of Person

Premier Health Solutions, LLC

Firm/Company

6801 Gaylord Parkway, Suite 402

Address

Frisco, Texas 75034

City/State and Zip Code

rhaluptzok@premierhslc.com

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

FILED
2016 MAR 10 A 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Randi Haluptzok

Name of Person

at (214) 436-8019
Area Code & Daytime Telephone Number

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:*

1. The Health Depot Association Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

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

2. Arizona 3. 43-1891191
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. Nov. 14, 2012 5. perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 2942 North 24th Street, Suite 114-471
(Principal office address)

Phoenix, Arizona 85016
(Current mailing address)

8. Educational (in areas relating to finance, health, wellness, etc.), as well as the transaction of any other lawful business.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip Code)

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.

C T Corporation System
By: Jane Zachritz
(Registered agent's signature)

**Jane Zachritz
Asst. Secretary**

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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 MAR 10 A 10:49

FILED

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Matt Krzysiak

Address: 2942 North 24th Street, Suite 114-471, Phoenix, Arizona 85016

Vice Chairman: _____

Address: _____

Director: Mike Rogers

Address: 2942 North 24th Street, Suite 114-471, Phoenix, Arizona 85016

Director: Doug Abbott

Address: 2942 North 24th Street, Suite 114-471, Phoenix, Arizona 85016

B. OFFICERS

President: Matt Krzysiak

Address: 2942 North 24th Street, Suite 114-471, Phoenix, Arizona 85016

Vice President: Mike Rogers

Address: 2942 North 24th Street, Suite 114-471, Phoenix, Arizona 85016


Secretary: Doug Abbott

Address: 2942 North 24th Street, Suite 114-471, Phoenix, Arizona 85016

Treasurer: Doug Abbott

Address: 2942 North 24th Street, Suite 114-471, Phoenix, Arizona 85016

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

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Matt Krzysiak, Chairman & President
(Typed or printed name and capacity of person signing application)

2016 MAR 10 A 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Jodi A. Jerich, Executive Director of the Arizona Corporation Commission, do hereby certify that

*****THE HEALTH DEPOT ASSOCIATION*****

a domestic nonprofit corporation organized under the laws of the State of Arizona, did incorporate on November 14 2012.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said corporation is not administratively dissolved for failure to comply with the provisions of the Arizona Nonprofit Corporation Act; and that its most recent Annual Report, subject to the provisions of A.R.S. sections 10-3122, 10-3123, 10-3125, & 10-11622, has been delivered to the Arizona Corporation Commission for filing; and that the said corporation has not filed Articles of Dissolution as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 9th day of March, 2016, A. D.




Jodi A. Jerich, Executive Director

By: 1388470