

FILE 000 001792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

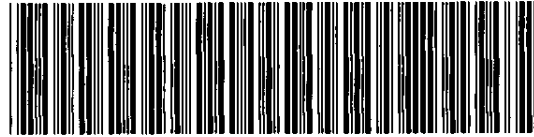
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200284620242

RECEIVED
16 APR 18 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
16 APR 18 PM 4:58
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

APR 19 2016
J SHIVERS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 106743 7217841

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 70.00

ORDER DATE : April 18, 2016

ORDER TIME : 3:46 PM

ORDER NO. : 106743-005

CUSTOMER NO: 7217841

FOREIGN FILINGS

NAME: SOLEO HEALTH INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOLEO 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:

Christine Harper

Name of Person

Soleo Health Inc.

Firm/Company

11 Trafalgar Square, Suite 200

Address

Nashua, NH 03063

City/State and Zip code

charper@soleohealth.com

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

For further information concerning this matter, please call:

Christine Harper

888

244-2340, ext 1177

at ()

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.*

Soleo Health Inc.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Soleo Health Infusion Services

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

2. DE 3. 46-4908851
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 02-24-2014 5. _____
(Date of incorporation) (Date of duration, if other than 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. 950 Calcon Hook Road, Ste. 15, Sharon Hill, PA 19079
(Principal office address)
- 11 Trafalgar Square, Ste. 200, Nashua, NH 03063
(Current mailing address, if different)

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

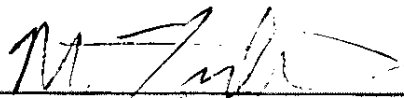
Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (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.



(Registered agent's signature)

Melissa Zender
Asst. Vice President

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.

16 APR 18 AM 8:57
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

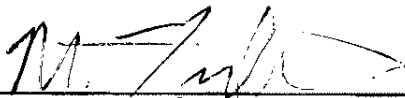
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*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. Soleo Health Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- Soleo Health Infusion Services
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. DE 3. 46-4908851
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 02-24-2014 5. _____
(Date of incorporation) (Date of duration, if other than 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. 950 Calcon Hook Road, Ste. 15, Sharon Hill, PA 19079
(Principal office address)
- 11 Trafalgar Square, Ste. 200, Nashua, NH 03063
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Corporation Service Company
- Office Address: 1201 Hays Street
- Tallahassee, Florida 32301
(City) (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.


(Registered agent's signature)

Melissa Zender
Asst. Vice President

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: Paul McConnell
Address: 950 Calcon Hook Road, Ste. 15
Sharon Hill, PA 19079

Vice Chairman: _____
Address: _____

Director: Miriam Rafiqi
Address: 950 Calcon Hook Road, Ste. 15
Sharon Hill, PA 19079

Director: Eric Rogoff
Address: 950 Calcon Hook Road, Ste. 15
Sharon Hill, PA 19079

B. OFFICERS

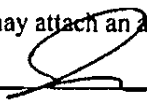
President: Andrew Walk
Address: 950 Calcon Hook Road, Ste. 15
Sharon Hill, PA 19079

Vice President: Craig Vollmer
Address: 950 Calcon Hook Road, Ste. 15
Sharon Hill, PA 19079

Secretary: John Ginzler
Address: 11 Trafalgar Square, Ste. 200, Nashua, NH 03063

Treasurer: John Ginzler
Address: 11 Trafalgar Square, Ste. 200, Nashua, NH 03063

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

12. 
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. John Ginzler, CFO
(Typed or printed name and capacity of person signing application)



Additional Director – Soleo Health Inc.

Brian Schwartz
950 Calcon Hook Road, Ste. 15
Sharon Hill, PA 19079

MAILED
16 APR 18 AM 8:57
SECRETARY OF STATE
HALLMARKS OF FLORIDA

11 Trafalgar Square
Suite 200
Nashua, NH 03063
p: 888.244.2340 f: 603.718.3824

www.soleohealth.com

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOLEO HEALTH 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 EIGHTEENTH DAY OF APRIL, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOLEO HEALTH INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

15 APR 18 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



5486590 8300

SR# 20162356210

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202163569

Date: 04-18-16