

10/03/2016 17:28

(FAX)845 818 3588

P.001/004

Division of Corporations

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : VCORP SERVICES, LLC  
Account Number : I20080000067  
Phone : (845) 425-0077  
Fax Number : (845) 818-3588

FILED  
16 OCT -4 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**Platinum Care Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

2017 OCT -4 AM 10:25

**\* SECOND SUBMISSION \***

D. SCOTT

OCT 05 2016

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## 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.

Platinum Care Inc.

1.

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

**PLT Care Inc.**

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

New York

2.

3.

(State or country under the law of which it is incorporated)

(FBI number, if applicable)

2/12/2003

4.

5.

(Date of incorporation)

(Date of duration, if other than perpetual)

6.

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

240 52nd Street Brooklyn, NY 11220

7.

(Principal office address)

(Current mailing address, if different)

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

Name:

Vcorp Services, LLC

Office Address:

5011 South State Road 7, Suite 106

**Davie**

33314

(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.*

Lead

(Registered agent's signature)

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: Chanic Landau, CFO

Address: 5218 11th Ave Brooklyn, NY 11219

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Pinches Landau, CEO

Address: 5218 11th Ave Brooklyn, NY 11219

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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. Pinches Landau, President &amp; CEO

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

FILED  
16 OCT - 4 PM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**State of New York  
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of PLATINUM CARE INC. was filed on 02/12/2003, 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. I further certify the following:

A Biennial Statement was filed 03/12/2007.

A Biennial Statement was filed 01/26/2009.

A Biennial Statement was filed 08/15/2013.

A Biennial Statement was filed 09/28/2016.

I further certify that no other documents have been filed by such corporation.



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 28th day of September  
two thousand and sixteen.*

Brendan W. Fitzgerald  
Executive Deputy Secretary of State

201609290054 \* HD

FILED  
16 OCT -6 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA