

F1600004863

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((((H160002667543)))



H160002667543ABU4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

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

From: Account Name : ALTON NORTH AMERICA INC.
Account Number : 120100000010
Phone : (305) 393-8662
Fax Number : (305) 397-0323

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

Email Address: max@altonusa.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Pro Care Plus Corporation

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$87.50

RECEIVED

16 OCT 28 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

16 OCT 28 AM 9:38
DIVISION OF CORPORATIONS

FILED

O SIMMONS

OCT 31 2016

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. PRO CARE PLUS CORPORATION

(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. DELAWARE applied for
(State or country under the law of which it is incorporated) (FEI number, if applicable)
10/25/2016 Perpetual
4. (Date of incorporation) 5. (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)

7. 444 Brickell Ave #705, Miami, FL 33131
(Principal office address)
444 Brickell Ave Suite 51270, Miami, FL 33131
(Current mailing address, if different)

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

Name: ALTON North America Inc.
Office Address: 444 Brickell Avenue
Miami, Florida 33131
(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.



Max Karagoz for ALTON North America Inc.

(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.

16 OCT 28 AM 9:38
DIVISION OF CORPORATIONS

FILED

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

A. DIRECTORS

Chairman: MALICK EISENBLAETTER

Address: 444 BRICKELL AVE #705

MIAMI, FL 33131

Vice Chairman: BASTIAN KRAHN

Address: 444 BRICKELL AVE #705

MIAMI, FL 33131

Director:

Address:

Director:

Address:

B. OFFICERS

President: MALICK EISENBLAETTER

Address: 444 BRICKELL AVE #705

MIAMI, FL 33131

Vice President: BASTIAN KRAHN

Address: 444 BRICKELL AVE #705

MIAMI, FL 33131

Secretary: MALICK EISENBLAETTER

Address: 444 BRICKELL AVE #705, MIAMI, FL 33131

Treasurer: BASTIAN KRAHN

Address: 444 BRICKELL AVE #705, MIAMI, FL 33131

FILED
16 OCT 28 AM 9:38
DIVISION OF CORPORATE REGISTRATION**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.

Malick Eisenblatter

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. MALICK EISENBLAETTER (PRESIDENT)

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

Delaware

The First State

Page 1

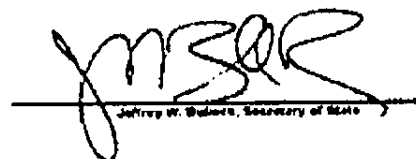
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "PRO CARE PLUS CORPORATION" IS DULY
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS
OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF OCTOBER, A.D.
2016.



6192150 8300

SR# 20166342515

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


Jeffrey W. Bullock, Secretary of State

Authentication: 203216977

Date: 10-25-16