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(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

D. SCOTT

DEC 9 2016

COVER LETTER

TO: Registration Section
Division of Corporations
ALTERNATE HEALTH LABS, INC.

SUBJECT: _____
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:
LYNN MURPHY

Name of Person
INTEGRITY ANCILLARY MANAGEMENT

Firm/Company
45 NE LOOP 410, SUITE 200

Address
SAN ANTONIO, TEXAS 78216

City/State and Zip code
LMURPHY@IAMGMT.COM

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

For further information concerning this matter, please call:

LYNN MURPHY 210 683-9061

Name of Person at () 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

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TALLAHASSEE, FLORIDA

**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.**

ALTERNATE HEALTH LABS INC.

1. _____
(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)
DELAWARE 81-2589550

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
MAY 9, 2016 PERPETUAL

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

N/A

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
1051 E. NAKOMA DRIVE, SAN ANTONIO, TEXAS 78216

7. _____
(Principal office address)

N/A

(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: _____

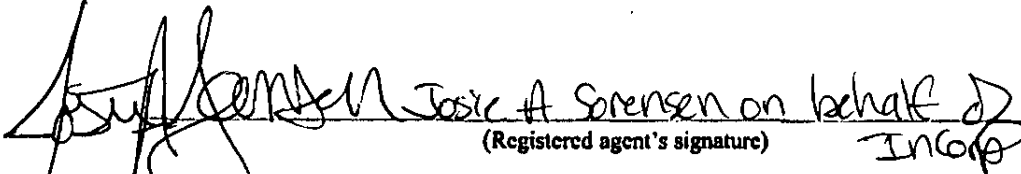
LOXAHATCHEE

33470

_____, Florida _____
(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) Jose A Sorensen on behalf of
INCORP Services, 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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: MICHAEL L MURPHY
505 E. MANDALAY DRIVE

Address: SAN ANTONIO, TEXAS 78212

Vice Chairman: JAMES GRIFFITHS
56 TEMPERANCE STREET, SUITE 300

Address: TORONTO, ONTARIO, CANADA, M5H 3V1

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: MICHAEL L. MURPHY
505 E. MANDALAY DRIVE

Address: SAN ANTONIO, TEXAS 78212

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: JAMES GRIFFITHS
56 TEMPERANCE STREET, SUITE 300, TORONTO, ONTARIO, CANADA, M5H 3V1

Address: _____

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

12. N/A

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. MICHAEL L. MURPHY, 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 "ALTERNATE HEALTH LABS 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 TWENTY-NINTH DAY OF NOVEMBER, 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 "ALTERNATE HEALTH LABS INC." WAS INCORPORATED ON THE NINTH DAY OF MAY, A.D. 2016.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



6037793 8300

SR# 20166820549

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


Jeffrey W. Bullock, Secretary of State

Authentication: 203411835

Date: 11-29-16