

Division of Corporations

Page 1 of 2

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

From:
Account Name : BUSINESS FILINGS
Account Number : 105256001620
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Fax Number : (608) 827-5501

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**FOREIGN PROFIT/NONPROFIT CORPORATION
CHAMPION MEDICAL SOLUTIONS, INC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEC 19 2016**

Electronic Filing Menu

Corporate Filing Menu

Help

H16000308338 3

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. CHAMPION MEDICAL SOLUTIONS, INC
(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. California 3. 27-2023683
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 3/1/2010 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. Upon Qualification
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 15455 San Fernando Mission Blvd Ste 205, Mission Hills, California 91345
(Principal office address)
- 19360 Rinaldi St, #340, Northridge, California 91326
(Current mailing address, if different)

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

Name: Business Filings Incorporated

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.



Mark Williams, AVP, Business Filings Incorporated

(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.

H16000308338 3

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Steve Nevarez

Address: 19360 Rinaldi St #340, Northridge, California 91326

Director: _____

Address: _____

B. OFFICERS

President: Noe Ramirez

Address: 19360 Rinaldi St #340, Northridge, California 91326

Vice President: Steve Nevarez

Address: 19360 Rinaldi St #340, Northridge, California 91326

Secretary: Noe Ramirez

Address: 19360 Rinaldi St #340, Northridge, California 91326

Treasurer: Noe Ramirez

Address: 19360 Rinaldi St #340, Northridge, California 91326

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. Noe Ramirez, President

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

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State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

CHAMPION MEDICAL SOLUTIONS, INC

FILE NUMBER: C3277056
FORMATION DATE: 03/01/2010
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 08, 2016.

ALEX PADILLA
Secretary of State