

F17000000203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

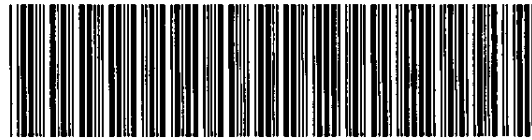
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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K. SALY

JAN 17 2017

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January 13, 2017

Via Fax

Karen Saly
Florida Division of Corporations
Fax: (850) 245-6870

Re: ePracticeManager, Inc. Letter of Consent

Dear Ms. Karen Saly,

I am writing on behalf of my company, EPRACTICE MANAGER, LLC (L15000081553), to inform you of our consent to transfer our name reservation in the State of Florida to our new company EPACTICEMANAGER, INC. a Florida Foreign Corporation.

Thank you for your assistance with this matter. If you have any questions, please do not hesitate to contact my attorney, Stephen P. Walter, Esq. at his office (801) 478-8080.

Kindest Regards,

DocuSigned by:
Alan Hollander
75168A87BEAF45F...

Alan Hollander
Manager of EPRACTICE MANAGER, LLC

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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.*

EPRACTICEMANAGER, 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

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
11/2/2016

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)
6300 Sagewood Drive H254, Park City, UT 84098

7. _____
(Principal office address)

(Current mailing address, if different)

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

Name: NORTHWEST REGISTERED AGENT LLC

Office Address: 3030 N. Rocky Point Drive, STE 150A

TAMPA

(City)

, Florida 33607

(Zip code)

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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.



Tom Glover/Manager/Northwest Registered Agent LLC

(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

Alan Hollander

Chairman:

6300 Sagewood Drive H254, Park City, UT 84098

Address:

Vice Chairman:

Address:

Alan Hollander

Director:

6300 Sagewood Drive H254, Park City, UT 84098

Address:

Director:

Address:

B. OFFICERS

Alan Hollander

President:

6300 Sagewood Drive H254, Park City, UT 84098

Address:

Vice President:

Address:

Alan Hollander

Secretary:

6300 Sagewood Drive H254, Park City, UT 84098

Address:

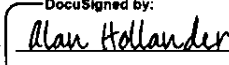
Alan Hollander

Treasurer:

6300 Sagewood Drive H254, Park City, UT 84098

Address:

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

12.  DocuSigned by: Alan Hollander

75168A97BEAF45F

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.

Alan Hollander, CEO

13.

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

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TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "EPRACTICEMANAGER, 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 FOURTH DAY OF NOVEMBER, A.D. 2016.

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TALLAHASSEE, FLORIDA



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SR# 20166474490

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


Jeffrey W. Bullock, Secretary of State

Authentication: 203281676

Date: 11-04-16