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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

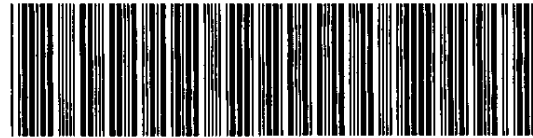
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01 JAN 17 P 4:07
CLERK OF STATE
TALLAHASSEE, FLORIDA

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JAN 19 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: National Injury and Rehabilitation Corporation
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:

Terence McClurkin
Name of Person

National Injury and Rehabilitation Corporation
Firm/Company

13009 Auburn Cove Lane
Address

Orlando Florida 32828
City/State and Zip code

Ashlynvending@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Terence McClurkin at (321) 438-0561
Name of Person Area Code 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

**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. National Injury and Rehabilitation Corporation
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. Delaware 3. 81-2402353
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 12, 2016 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. none
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 13009 Auburn Cove Lane Orlando, FL 32828
(Principal office address)

(Current mailing address, if different)

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

Name: Jonathan Shaw

Office Address: 209 South Westland Ave suit 2
Tampa Florida, Florida 33606
(City) (Zip code)

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JUN 17 P 4:07
SECRETARY OF STATE
TAMPA, FLORIDA

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.

Jonathan Shaw
(Registered agent's signature)

This is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to
the Secretary of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction
of which it is incorporated.

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

A. DIRECTORS

Chairman: Terence McCluckin

Address: 13009 Auburn Cove Lane
Orlando Florida 32828

Vice Chairman: Brenda Matos

Address: 13009 Auburn Cove Lane
Orlando Fl 32810

Director: Terence McCluckin

Address: 13009 Auburn Cove Lane
Orlando Fl 32828

Director: Terence McCluckin

Address: 13009 Auburn Cove Lane
Orlando Fl 32828

B. OFFICERS

President: Terence McCluckin

Address: 13009 Auburn Cove Lane
Orlando Fl 32828

Vice President: Brenda Matos

13009 Auburn Cove Lane
Orlando Fl 32828

Secretary: _____

Address: _____

Treasurer: Brenda Matos

Address: 13009 Auburn Cove Lane Orlando Fl 32828

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

Terence McCluckin
Signature of Director or Officer

I, _____, of the document (and who is listed in number 11 above) affirms that the facts stated herein are true and correct and that false information submitted in a document to the Department of State constitutes a crime under s.817.155, F.S.

13. Terence McCluckin

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

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2017 MAR 17 P 4:07
CLERK OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

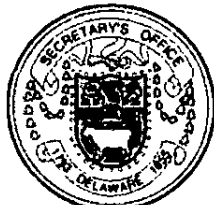
Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NATIONAL INJURY AND REHABILITATION 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 NINTH DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NATIONAL INJURY AND REHABILITATION CORPORATION" WAS INCORPORATED ON THE TWENTY-FIRST DAY OF APRIL, A.D. 2016.

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



6022546 8300

SR# 20170119295

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 201838895

Date: 01-09-17