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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
017 FEB -3 P 1:21

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S Warren

FEB 06 2017

COVER LETTER

TO: Registration Section
Division of Corporations
THE BEST MEDICINE HOLDINGS, 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:
IRENE A EPSTEIN CPA

| | |
|--|-------------------------|
| THE BEST MEDICINE HOLDINGS, INC. | Name of Person |
| 4800 N FEDERAL HIGHWAY, SUITE A 205 | Firm/Company |
| BOCA RATON FL 33431 | Address |
| iepstein@thebestmedicine.com | City/State and Zip code |
| E-mail address: (to be used for future annual report notification) | |

For further information concerning this matter, please call:

| | | |
|-----------------|--------------|--------------------------|
| IRENE A EPSTEIN | 561 | 715-1816 |
| _____ | at (_____) | _____ |
| 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:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$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.*

THE BEST MEDICINE HOLDINGS, 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 81-3937978

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
September 21, 2016

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
September 21, 2016

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
4800 N FEDERAL HIGHWAY, SUITE A 205, BOCA RATON, FL 33431

7. _____
(Principal office address)

(Current mailing address, if different)

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

Name: _____
4800 N FEDERAL HIGHWAY, SUITE A 205

Office Address: _____
BOCA RATON 33431
_____, 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)

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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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

STEVEN W GOLDSTEIN

Chairman:

4800 N FEDERAL HWY, STE A 205, BOCA RATON FL 33431

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

STEVEN W GOLDSTEIN

President:

4800 N FEDERAL HWY, STE A 205, BOCA RATON, FL 33431

Address:

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

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.

STEVEN W. GOLDSTEIN

13.

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

FILED
JUL 17 - 3 P 1:21
SECRETARY 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 "THE BEST MEDICINE HOLDINGS, 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 FIRST DAY OF FEBRUARY, A.D.
2017.



6159989 8300

SR# 20170576685

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

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

Authentication: 201966349

Date: 02-01-17