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To: Page 2 of 6

3/15/2017

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/15/2017	Division of Corporations
	or de Desartment of State Division fe orpet don Erete die Angele Greece
	Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.
	(((H17000072220 3)))
	<b>Note:</b> DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.
·	To: Division of Corporations Fax Number : (850)617-6383
	From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845
	**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please
	Email Address:
	FOREIGN PROFIT/NONPROFIT CORPORATION
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2017-03-15 13.18 27 CST

19542080845 From. Ranae McGraw

## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: ELLIGO HEALTH RESEARCH, INC.

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:

<u> </u>	Nam	e of Person		
C T Corporation				
	Firm/	Company		
	F	Address		
		ate and Zip code	r C	
For further information	E-mail address: (to be u concerning this matter, ple			)- =
Kim Klotz	518 at (	451-8016		,
Name of Perso		Code Daytime	Telephone Numl	ber
STREET/COU Registration Se Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations <u>;</u> Center Circle	Registra Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ix 6327 ssee, FL 32314	
Enclosed is a check for	the following amount:			
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing F Certified Copy	Certi	50 Filing Fee, ificate of Status & ified Copy

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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.

ELLIGO HEALTH RESEARCH, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

Delaware	3	81-1874533		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
03/11/2016	5			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
9/27/2016				
	(Date first transacted business) (SEE SECTIONS 607.1501 & 607.	in Florida, if prior to registration) 1502, F.S., to determine penalty liab	ility)	
5140 Spauish Oal	cs Club Blvd., Austin TX 78738	•,		
	(Princi	ipal office address)		
			22 28	
	(Current mail	ing address, if different)		
		• - ···•	HAR 1 HASS	
Name and <u>stree</u>	<u>address</u> of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)	01 01 01	
Name:	C T Corporation System			
ffice Address:	1200 South Pine Island Road			
	Plantation	, Florida <sup>33324</sup>	10 2 4 0	
	(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.

C T Corporation System

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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19542080845 From: Ranae McGraw

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

A. DIR	ECTORS
Chairman	
Address:	6140 Spanish Oaks Club Blvd.
	Austin, Texas 78738
Vice Cha	iman:
Address:	
	Chad Moore
	6140 Spanish Oaks Chib Blvd.
Address:	
Director:	
Address:	
B. OFF	
President	John Potthoff
Address:	6140 Spanish Oaks Club Blvd.
	Austin, Texas 78738
Vice Pres	sident:
Address <sup>.</sup>	
Secretary:	Amy Staediler
	6140 Spanish Oaks Club Blvd., Austin, TX 78738
Treasurer	John Pouhoff
Address:	6140 Spanish Oaks Blvd., Austin, TX 78738
	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
The offic are true a	Signature of Director or Officer cer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes egree felony as provided for in s.817.155, F.S.

13. Amy Staedtler, Secretary

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

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ELLIGO HEALTH RESEARCH, INC." IS DULY INCORFORATED 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 THIRTEENTH DAY OF MARCH, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.



5986618 8300

SR# 20171746160 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202189459 Date: 03-13-17