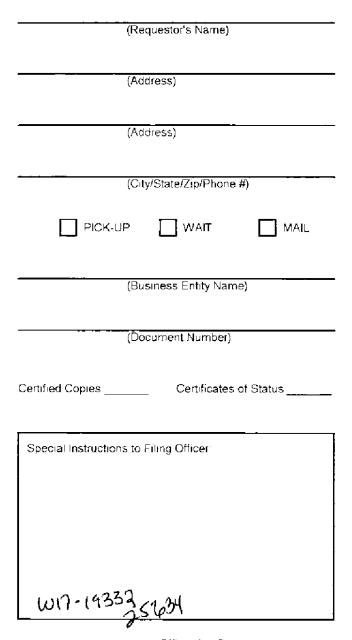
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Office Use Only



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### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 24, 2017

RICHARD HUGHES 211 E SIX FORKS RD STE 209A RALEIGH, NC 27609

SUBJECT: HEALTHLINK INTERNATIONAL, INCORPORATED

Ref. Number: W17000025634

We have received your document for HEALTHLINK INTERNATIONAL, INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

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Letter Number: 717A00005736

BITAPRIO PM 3: 40



### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 8, 2017

RICHARD HUGHES 211 E SIX FORKS RD, STE 209A RALEIGH, NC 27609

SUBJECT: HEALTHLINK INTERNATIONAL, INC.

Ref. Number: W17000019332

We have received your document for HEALTHLINK INTERNATIONAL, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 817A00004429

### COVER LETTER

TO:	O: Registration Section Division of Corporations								
SUBJ	ECT: Health	Link Internation	al, Inc.						
	<del></del>			- must include	suffix				
Dear S	ir or Madam:								
"Certif	ficate of Existence	tion by Foreign Coe," or "Certificate gn corporation to t	of Good Stan	ding" and chec	o Transac k are subi	t Business in Florida," mitted to register the			
Please	return all corres	pondence concern	ing this matter	to the following	ng:				
Richard	Hughes								
			Name of	Person					
Healthi	ink International, 1	ne							
			Firm/Com	pany					
211 E. S	Six Forks Road, Su	ite 209A							
			Addre	ess					
Raleigh	, NC 27609								
			City/State a	nd Zip code					
rick.hugh	es@healthlinkeurope c								
		E-mail address	s: (to be used f	or future annua	il report n	otification)			
For fur	ther information	concerning this n	natter, please c	all:					
Richar	d Hughes		at ( 919	) 349-1293					
	Name of Perso	n	Area Code		me Teleph	ione Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				Regis Divis P.O.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Enclose	ed is a check for	the following amo	ount:						
□ \$70	.00 Filing Fee	S78.75 Filin Certificate of	_	\$78.75 Filing Certified Cop		\$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.

	ernational, Incorporated						
(Enter name of co	rporation; must include "INCORPORATED	," "COMPANY,	" "CORPORATION,"	•			
"Inc.," "Co.," "Co	rp," "Inc," "Co," or "Corp.")						
N/A							
(If name unavailal	ble in Florida, enter alternate corporate name	adopted for the p	purpose of transacting	business in Florida)			
2 2 4 0 1	_						
2. North Carolina		301318815					
(State or country	under the law of which it is incorporated)		(FEI number, if appl	icable)			
4. June 25 <sup>th</sup> , 2013	5	Perpetual					
	of incorporation)	(Date of duration, if other than perpetual)					
`	1,	(5	or daration, ir other tr	ian perpetuar)			
6. <u>N/A</u>							
	(Date first transacted business i	in Florida, if prioi	r to registration)				
	(SEE SECTIONS 607.1501 & 607.1	502, F.S., to dete	rmine penalty liability	·)			
	D 10 : 000   D 11   100 - 100						
7. 211 E. Six Forks	Road, Suite 209A, Raleigh, NC 27609	1 00	· · · · · · · · · · · · · · · · · · ·				
	(Princi	pal office address	3)				
211 E. Six Forks Ro	ad, Suite 209A, Raleigh, NC 27609						
(Current mailing address, if different)							
	(		,				
<ol><li>Name and street</li></ol>	address of Florida registered agent: (P.G	O. Box <u>NOT</u> ac	cceptable)				
	DECISTEDED A COLUMN			••			
Name:	REGISTERED AGENTS INC.	<del></del>					
	3030 N. Rocky Point Drive, STE 1	IEOA					
Office Address:							
	TAMPA		22607				
		, Florida _	33607	•			
	(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.

Bill Havre/Secretary/Registered Agents Inc.

(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. DIRECTOR'S Chairman: Richard Hughes Address: 211 E. Six Forks Road, Suite 209A, Raleigh, NC 27609 USA Vice Chairman: <u>Joost van den Heuvel</u> Address: De Tweeling 20-22, 5215 MC 'S Hertogenbosch, The Netherlands Director: Sebastiaan de Kok Address: 3655 Knight Road, Suites 1-3, Memphis, TN 38118 USA Director: Michael Bauer (Medical Director) Address: 200 S. Wilcox Street, # 443, Castle Rock, CO 80104, USA **B. OFFICERS** President: Richard Hughes Address: 211 E. Six Forks Road, Suite 209A, Raleigh, NC 27609 USA Vice President: Claire van den Nieuwenhof Address: De Tweeling 20-22, 5215 MC 'S Hertogenbosch, The Netherlands Secretary: Kay Bonavita Address: 211 E. Six Forks Road, Suite 209A, Raleigh, NC 27609 Treasurer: Paul Smits Address: De Tweeling, 20-22, 5215 MC 'S Hertogenbosch, The Netherlands NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 12. Please see attached addendum. 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. Richard Hughes, President & CEO

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



## NORTH CAROLINA Department of the Secretary of State

### CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

### HEALTHLINK INTERNATIONAL, INCORPORATED

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 25th day of June, 2013, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

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prasioent.

3-17-2017



Scan to verify online.

IN WITNESS WHEREOF. I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 17th day of March, 2017.

Secretary of State

Elaine I Marshall

Certification# 100019578-1 | Reference# 13624460- Page: 1 of 1 | Verify this certificate online at http://www.sosne.gov/verification