

F17000002753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

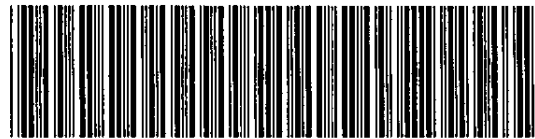
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17 JUN 15 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

JUN 16 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 8, 2017

CRAIG ANTICO
80 THEODORE FREMD AVE
RYE, NY 10580

SUBJECT: MEDICAL DEBT RESOLUTION, INC.
Ref. Number: W17000048503

We have received your document for MEDICAL DEBT RESOLUTION, 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):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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

Octavia I Simmons
Regulatory Specialist II

Letter Number: 117A00011627

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medical Debt Resolution, Inc. D/B/A RIP MEDICAL DEBT
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Craig Antico
Name of Person

Medical Debt Resolution, Inc.
Firm/Company

80 Theodore Fremd Ave.
Address

Rye, NY. 10580
City/State and Zip Code

Antico@ripmedicaldebt.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott G. Patton at (646) 206-1198
Name of Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.13(1), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. Medical Debt Resolution, Inc.

(Name of corporation must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

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

2. NEW YORK 3. _____
(State or country under the law of which it is incorporated) (FPI number, if applicable)

4. JULY 25, 2014 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.14(1) & 617.15(1), F.S. in determining penalty liability.)

7. 80 THEODORE FREMONT AVE, RYE, NY 10580
(Principal office address)

(If varied mailing address, if different)

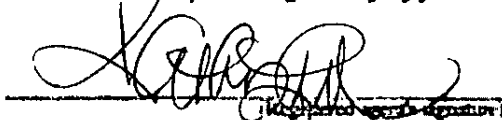
8. Identify, purchase, and abolish bad medical debt
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name INCORP SERVICES, INC.
Office Address 17000 670 COURT NORTH
LOXAHATCHEE, Florida 33470
(City) (Zip Code)

10. 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)

Kathy Shin on behalf of InCorp Services, Inc.

11. 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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TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: CRAIG ANTICO

Address: 80 THEODORE FREMD AVE
RYE, NY. 10580

Vice Chairman: _____

Address: _____

Director: Development / Scott G. Patton

Address: 6432 S SPOTSWOOD ST
LITTLETON, CO. 80120

Director: _____

Address: _____

B. OFFICERS

President: CRAIG ANTICO

Address: AS ABOVE

Vice President: JERRY ASHTON

Address: 80 THEODORE FREMD AVE
RYE, NY. 10580

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. cc Craig Antico
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

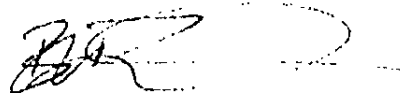
14. CRAIG ANTICO, CEO
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of MEDICAL DEBT RESOLUTION, INC. was filed on 07/25/2014, as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 02nd day of June two
thousand and seventeen.*



*Brendan W. Fitzgerald
Executive Deputy Secretary of State*