F17000003103

	Requestor's Name)
(Address)
(Address)
((City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	:

Office Use Only



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MIL JUL 12 AH 8: 21
SECRETARY OF STATE
SECRETARY OF STATE

J. HARRIE

SUNSHINE corporate filing of florida inc.

3458 Lakeshore Drive

Tallahassee, Florida 32312

(850) 656-4724 Toll Frag. 844-541-67

DATE: 7	7/12/17 VALK IN	
	NAME: Mobile Health Management Services, Inc.	 -
DOCUMENT	Γ #	
	**PLEASE FILE THE ATTACHED AND RETURN: **	
<u>X</u>	Plain Copy Certified Copy	
	**PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY: **	
	Certified Copy of Arts & Amendments Certificate of Good Standing	
	**APOSTILLE'/NOTARIAL CERTIFICATION: **	
	OF DESTINATIONOF CERTIFICATES REQUESTED	
TOTAL \$	OWED: #78.75	
CHECK #:	OWED: #78.75 : 3858	

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO:	Registration Se Division of Co					
SIID I	ECT:	e health mana	GEMENT SEI	RVICES, INC.		
SODS	ECT:	Name o	of corporation	- must include st	ıffix	
Dear S	ir or Madam:					
"Certi	ficate of Existence		of Good Star	ding" and check		Business in Florida," tted to register the
Please	return all corresp	ondence concerni	ng this matte	to the following:	:	
		Dolores	Burton			
			Name of			
		United	Corporate	Campiaga Ina		
		Officed	Firm/Com	pany	···	
		100.04	- N - C4 C			
		100 St	ate Street, S Addre			
		4 11	- 7			
		Albany	NY 12207			
			City/State a	nd Zip code		
		mlori	a@bebcapit	al com or future annual i	enori not	(fication)
		L-man address	(to oc used-)	or ruture armoar r	eport not	incacion)
For fur	ther information	concerning this m	atter, picase o	alf:		
			at (
	Name of Perso	n	Area Code	e Daytime	Telephor	ne Number
	OMINE LOCAL	IDIED ADNOVA				N N N G G
STREET/COURIER ADDRESS: Registration Section			MAILING ADDRESS: Registration Section			
Division of Corporations			Division of Corporations			
Clifton Building			P.O. Box 6327			
	2661 Executive Taliahassee, FL			Tallaha	ssee, FL	32314
Enclos	ed is a check for	the following amo	unt:			
□ \$ 70	0.00 Filing Fee	\$78.75 Filing Certificate o		\$78.75 Filing Fe Certified Copy	ee & [3 \$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.

(Enter name of a "Inc.," "Co.," "C	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
New York	able in Florida, enter alternate corporate name ac	1-3103510	·
March 17, 1992	2		
Unon registrat	55		n perpetual)
26 Harbor Park	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150 Drive, Port Washington, NY 11050 (Principal	2, F.S., to determine penalty liability) office address)	
· · · · · · · · · · · · · · · · · · ·	(Current mailing	address, if different)	
Name and stre	et address of Florida registered agent: (P.O. United Corporate Services, Inc.	Box NOT acceptable)	2017 JUL 12 SECRETARY FALLAHASSE
rame;			SS 25 €
Mame:	9200 South Dadeland Blvd Suite 508	<u> </u>	(7) 65.
	Miami	33156 Florida	AM 8: 21 Y OF STAIC EE FLORIDA

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.

Michael A Barr, Mesident

(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:

ddress:	26 Harbor Park Drive				
iodicas.	Port Washington, NY 11050				_
ice Cha	rman:				_
.ddress:					
irector:	David C. Brodsky				_
ddress:	26 Harbor Park Drive				_
	Port Washington, NY 11050				
írector:	Jeffrey H. Brodsky		······································		_
ddress:	26 Harbor Park Drive	·······			~-
.iui 455.	Port Washington, NY 11050				_
esident	CEO: Andrew Shulman				
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State of New York Department of State } ss

I hereby certify, that the Certificate of Incorporation of MOBILE HEALTH MANAGEMENT SERVICES, INC. was filed on 03/17/1992, under the name of BRODSKY SIBLING REALTY ST. JAMES, INC., with perpetual duration, 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.

A Certificate of Amendment BRODSKY SIBLING REALTY ST. JAMES, INC., changing its name to BRODSKY SIBLING REALTY INC., was filed 12/06/1993.

A Certificate of Amendment BRODSKY SIBLING REALTY INC., changing its name to OLDCO, INC., was filed 06/09/1994.

A Certificate of Amendment OLDCO, INC., changing its name to MOBILE HEALTH MANAGEMENT SERVICES, INC., was filed 02/10/1995.

OF NEW

Witness my hand and the official seal of the Department of State at the City of Albany, this 11th day of July two thousand and seventeen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State

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