

F17000003275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

W17-52357

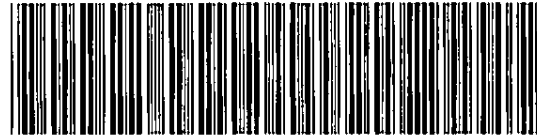
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2017 JUN 22 AM 9:57

N. CAUSSEAU
JUL 24 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nu Age Medical Solutions Group 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:

Leijuana Doss

Name of Person

Nu Age Medical Solutions Group Inc.

Firm/Company

4063 W. 183rd Street

Address

Country Club Hills, FL 34478

City/State and Zip code

leijuana@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leijuana Doss

708

960-0492

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:

- ☒ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 23, 2017

LEIJUANA DOSS
NU AGE MEDICAL SOLUTIONS GROUP INC.
4063 W. 183RD STREET
COUNTRY CLUB HILL, IL 60478

SUBJECT: NU AGE MEDICAL SOLUTIONS GROUP INC.
Ref. Number: W17000052357

We have received your document for NU AGE MEDICAL SOLUTIONS GROUP INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 717A00012771

**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.*

1. Nu Age Medical Solutions Group Inc.
(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)

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

4. August 4, 2016 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4063 W. 183rd Street Country Club Hills, IL 60478
(Principal office address)

(Current mailing address, if different)

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

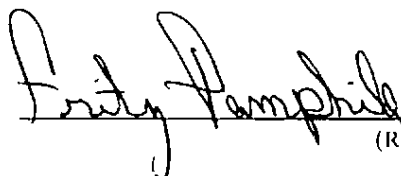
Name: Fritz Pamphile

Office Address: 64 E. Blue Heron Blvd
Riviera Beach, 33404
(City) (Zip code)

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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.

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

A. DIRECTORS

Chairman: Thomas Sturdavant

Address: 2488 Old Bay Road

Biloxi, MS 39531

Vice Chairman: Winston Drain

Address: 4063 W. 183rd Street

Country Club Hills, IL 60478

Director: Fritz Pamphile

Address: 931 Village Blvd Ste 125

West Palm Beach, FL 33409

Director:

Address:

B. OFFICERS

President: Thomas Sturdavant

Address: 2488 Old Bay Road

Biloxi, MS 39531

Vice President: Winston Drain

Address: 4063 W. 183rd Street

Country Club Hills, IL 60478

Secretary:

Address:

Treasurer: Fritz Pamphile

Address: 931 Village Blvd Ste 125 West Palm Beach, FL 33409

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.

13. Winston Drain, Vice President

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

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DIVISION OF CORPORATION
2017 JUN 22 AM 9:57

File Number

7075-367-7

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DIVISION OF CORPORATIONS
2017 JUN 22 AM 9:57

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

NU AGE MEDICAL SOLUTIONS GROUP INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 04, 2016, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 28TH
day of JUNE A.D. 2017 .***

Jesse White

SECRETARY OF STATE