

F17000003415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

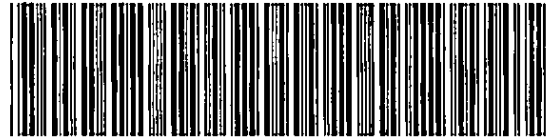
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400301755134

07/27/17--01009--403 **10.00

FILED
17 JUL 27 PM 5:17
CLERK OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

AUG 01 2017

COVER LETTER

TO: Registration Section
Division of Corporations
Michael E. Jones MD PC Inc.

SUBJECT: _____
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:
Ashish Singhal

Name of Person
Michael E. Jones MD PC Inc.

Firm/Company
113 E 39th Street

Address
New York, NY 10016

City/State and Zip code
cfo@lexingtonplasticsurgeons.com

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

For further information concerning this matter, please call:

Ashish Singhal 646 330-2003

Name of Person at (_____) 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

**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.*

Michael E. Jones MD PC Inc.

1. _____
(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)
New York 20-3626838

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
10/04/2005

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
August 1st, 2017

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
113 E 39th Street New York, NY 10016

7. _____
(Principal office address)
113 E 39th Street New York, NY 10016

(Current mailing address, if different)

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

Name: _____
Ashish Singhal
175 SW 7th St. Suite 1710

Office Address: _____
Miami 33130
_____, Florida _____
(City) (Zip code)

FILED
17 JUL 27 PM 5:17
CLERK OF CIRCUIT COURT
JUL 27 2017
CLERK OF CIRCUIT COURT
JUL 27 2017
CLERK OF CIRCUIT COURT
JUL 27 2017

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

Michael E. Jones

Chairman:

74 River Road

Address:

Nyack, NY 10960

Vice Chairman:

Address:

Ashish Singhal

Director:

175 SW 7th St. Suite 1710

Address:

Miami, FL 33130

Director:

Address:

B. OFFICERS

Michael E. Jones MD

President:

74 River Road

Address:

Nyack, NY 10960

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

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.

Ashish Singhal, CFO

13. _____

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

FILED
17 JUL 27 PM 5:17
U.S. DEPT. OF STATE
PAULSON BUILDING
WASHINGTON, D.C.

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of MICHAEL E. JONES, M.D., P.C. was filed on 10/04/2005, 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.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 19th day of July two
thousand and seventeen.*

A handwritten signature in black ink, appearing to read "B. Fitzgerald", written over a horizontal line.

*Brendan W. Fitzgerald
Executive Deputy Secretary of State*