F17000003709

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	÷#)
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(Bus	iness Entity Nan	ne)
(Doc	:ument Number)	
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RECRETARY OF STATE



August 8, 2017

STEVEN GALLEGOS 427 E. 9TH STREET SAN ANTONIO, TX 78215 US

SUBJECT: VESA HEALTH & TECHNOLOGY, INC.

Ref. Number: W17000064825

We have received your document for VESA HEALTH & TECHNOLOGY, INC. and your check(s) totaling \$70.00. 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.

Please return the corrected original and one copy of 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) 254-6051.

Letter Number: 217A00016140

Judy A Leggett Regulatory Specialist II Registration Section

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations	
·	and a solution of the
SUBJECT: VESA JEALTH TEC	TISLIOCO 44, INC.
Name of corporation - mus	i include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Autho "Certificate of Existence," or "Certificate of Good Standing" above referenced foreign corporation to transact business in F	and check are submitted to register the
Please return all correspondence concerning this matter to the	
STEVEN GALLEGOS Name of Person	
Name of Person	
VESA /JEALTH + TECIJI/O	Loby Ide.
Firm/Company	ℓ
427 E. 9TH STREET Address	-
Address	
Spal Autronio, TX 78 City/State and Zip	-215
City/State and Zip	code
con pellocoloral Haccon	
Sra Clasahealth. Con () E-mail address: (to be used for futu	re annual report notification)
·	
For further information concerning this matter, please call:	
STEVEN GALLEGOS at (210) Name of Person Area Code	787-4469
Name of Person Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	
Enclosed is a check for the following amount:	
	5 Filing Fee & S87.50 Filing Fee, Ged Conv. Certificate of Status &

Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(If name unava	ilable in Florida, enter alternate corpora	te name adopted for the purpose of transacting but	riness in Florida)
(State or coun	try under the law of which it is incorpor	3. <u>42 - 1731050</u> (FEI number, if applica	ble)
5/-	14/2012	5	
(Dat	e of incorporation)	5. (Date of duration, if other than	perpetual)
	(SEE SECTIONS 607.1501 &	usiness in Florida, if prior to registration) & 607.1502, F.S., to determine penalty liability)	
42.	7 E. AND STREET	SAN ANTONIO, TX 7821:	5
		(Principal office address)	
			TAL SE
	(Currer	nt mailing address, if different)	<u> </u>
			AUG 1. RETARY AHASSE
Name and stre	et address of Florida registered agen	nt: (P.O. Box <u>NOT</u> acceptable)	SEE SEE
	Lapalina Carno	rate Services Inc.	ILED 17 A 8 3 NY OF STATE SSEE, FLORIDA
Name:	Leguino corpo	11. 4	082 69
fice Address:	5237 Summer	lin commons, Ste. 400	DA 3
	Fort MULIS	Florida 33907	
	(City)	rate Services Inc. lin Commons, Ste. 400 , Florida 33907 (Zip code)	
uing heen nam	ent's acceptance: ed as registered agent and to accep	ot service of process for the above stated corp	poration at the place
invated in this	application_Lhereby_accept.the-ap	ppointment as registered agent and agree to tutes relative to the proper and complete per	act_in_inis-capacityi
		ואות האווו האוויים או אורי איש האירות של האוויים אל האוויים ואויים או האוויים אוויים אוויים אוויים אוויים אוויים	<i>Tarmance of my</i>

Kristin Prell, Manager of Legalinc Corporate Services, Inc.

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: Address: ____ Address: Director: Address: Director: Address: **B. OFFICERS** President: STEVEN CTALLEGOS SAN ANTONIO, TX 78255 Vice President: Address: Secretary: ___ Address: 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. STEVENT R GRUEGOS, PRESIDENT

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

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Rolando B. Pablos Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Conversion for Vesa Health & Technology, Inc. (file number 801602411), a Domestic For-Profit Corporation, was filed in this office on May 24, 2012.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 01, 2017.





Rolando B. Pablos Secretary of State