

9/21/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

F17000004247

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FOREIGN PROFIT/NONPROFIT CORPORATION

Acat Health Corp.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

H170002488103

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. Acat Health Corp.
(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. Delaware 3. 82-2658145
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 8/23/2017 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. Upon Filing
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 14901 Arbor Springs Circle 308, Tampa, Florida 33624
(Principal office address)

(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Business Filings Incorporated
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

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.

Mark Williams Mark Williams, AVP, Business Filings Incorporated
(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.

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H170002488103

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Alison Rogers

Address: 14901 Arbor Springs Circle 308, Tampa, Florida 33624

Director: _____

Address: _____

B. OFFICERS

President: Alison Rogers

Address: 14901 Arbor Springs Circle 308, Tampa, Florida 33624

Vice President: Alison Rogers

Address: 14901 Arbor Springs Circle 308, Tampa, Florida 33624

Secretary: Alison Rogers

Address: 14901 Arbor Springs Circle 308, Tampa, Florida 33624

Treasurer: Alison Rogers

Address: 14901 Arbor Springs Circle 308, Tampa, Florida 33624

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

12. Alison Rogers

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. Alison Rogers, President

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

H170002488103

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ACAT HEALTH CORP." IS DULY
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS
OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF SEPTEMBER, A.D.
2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES
HAVE BEEN ASSESSED TO DATE.



6520177 8300

SR# 20176244255

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203256184

Date: 09-20-17