

F17000004322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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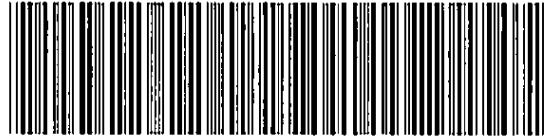
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 SEP 27 AM 9:07

SECTION 11

SEP 27 2:10

O. SIMMONS

SEP 28 2017

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date: 9/27/17

ACCT. I20160000072

en: c 12/11

Name:	Roman Pennsylvania Medical, P.C.
Document #:	
Order #:	10652867

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing:	Certified
	Plain:
	COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 78.75

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Roman Pennsylvania Medical, P.C. Corp
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:

Camille Duerr, Paralegal

Name of Person

Jones Day

Firm/Company

1420 Peachtree Street, NE, Suite 800

Address

Atlanta, GA 30309

City/State and Zip code

MSO@getroman.com

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

For further information concerning this matter, please call:

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

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.

Roman Pennsylvania Medical, P.C. Corp.

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)

Pennsylvania

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

September 21, 2017

4. _____ 5. _____
(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)

900 Broadway, Suite 706, New York, NY 10003

7. _____ (Principal office address) is 1

(Current mailing address, if different)

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

Name: CT Corporation System

Office Address: 1200 South Pine Island

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.

C T Corporation System

Nathan Giffin

Nathan Giffin, Assistant Secretary

(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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FBI - NEW YORK

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

A. DIRECTORS

Chairman: Tzvi Yosef Doron, D.O.

Address: 900 Broadway, Suite 706, New York, NY 10003

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: Tzvi Yosef Doron, D.O.

Address: 900 Broadway, Suite 706, New York, NY 10003

Vice President:

Address:

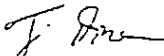
Secretary: Tzvi Yosef Doron, D.O.

Address: 900 Broadway, Suite 706, New York, NY 10003

Treasurer: Tzvi Yosef Doron, D.O.

Address: 900 Broadway, Suite 706, New York, NY 10003

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. Tzvi Yosef Doron, D.O., President

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

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17 SEP 27 AM 9:07
U.S. DEPARTMENT OF STATE

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

09/27/2017

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Roman Pennsylvania Medical, P.C.

is duly registered as a Pennsylvania Professional Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Pedro A. Contes

Secretary of the Commonwealth

Certification Number: TSC170927100595-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>