

F17000004469

(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



600304143816

10/04/17--01010--018 78.75

17 OCT -4 AM 8:49
2017 OCT -4 PM 2:45
10/04/17--01010--018 78.75

OCT 03 2017

Y SULKER

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive
Tallahassee, Florida 32312
(850) 656-4724

DATE 10-4-17
WALK IN

ENTITY NAME TEVIXMD CORPORATION

DOCUMENT NUMBER (Karen @ TRMD)

PLEASE FILE THE ATTACHED AND RETURN

Plain Copy

XX
Certified Copy

Certificate of Status

PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY

Certified Copy of Arts & Amendments

Certificate of Good Standing

APOSTILLE / NOTARIAL CERTIFICATION

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL \$ OWED 78.75

CHECK # 4104

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TEVIXMD CORPORATION

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:

Karen T. Rodriguez

Name of Person

Triad Professional Services

Firm/Company

1720 Windward Concourse, S. 390

Address

Alpharetta, GA 30005

City/State and Zip code

wtandros@tevixMD.com

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

For further information concerning this matter, please call:

Karen T. Rodriguez

at (770) 777-2091

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.*

TEVIXMD CORPORATION

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)

Delaware

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

11/14/2016

46-4848576

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

3/21/2014

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

6650 W Indiantown Rd #210 Jupiter, Florida 33458

7. _____
(Principal office address)

(Current mailing address, if different)

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

Name: W. T. Andros

Office Address: 6650 W Indiantown Rd #210

Jupiter

(City)

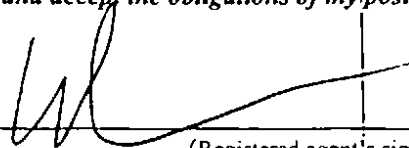
, Florida

33458

(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.



(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.

17 OCT -4 AM 8:49

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Andrea Vallabh

Address: Atrium Business Park, 33, rue du Puits Romain - Boite

L-8070 Bertrange Grand Ducky of Luxembourg

Director: Jerry Baker

Address: 3192 Matecumbe Key Rd

Punta Gorda, FL 33955

B. OFFICERS

President: Jerry Baker

Address: 3192 Matecumbe Key Rd

Punta Gorda, FL 33955

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.

13. W. T. Andros - CEO

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

17 OCT -4 AM 8:19
NOTARY PUBLIC

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TEVIXMD CORPORATION" 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 FOURTH DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TEVIXMD CORPORATION" WAS INCORPORATED ON THE FOURTEENTH DAY OF NOVEMBER, A.D. 2016.

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

17 OCT -4 AM 8:49
SECRETARY'S OFFICE



6215116 8300

SR# 20176468623

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


Jeffrey W. Bullock, Secretary of State

Authentication: 203339696

Date: 10-04-17