

F17000005523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

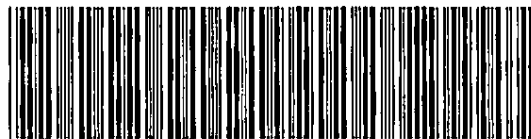
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

name W1795529

Office Use Only



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11/23/17--01025--022 **70.00

FILED
17 DEC -6 PM 1:22
S. WARREN
TALLAHASSEE, FLORIDA

S. WARREN

DEC 08 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 1, 2017

WARREN ROSS
460 S 34TH STREET
NEW YORK, NY 10001

SUBJECT: UNIVERSITY OF MEDICINE AND HEALTH SCIENCES LIMITED
CORPORATION
Ref. Number: W17000095529

We have received your document for UNIVERSITY OF MEDICINE AND HEALTH SCIENCES LIMITED CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is L07000093284 UNIVERSITY OF MEDICINE AND HEALTH SCIENCES, LLC.

Please return 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) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 817A00024315

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: University of Medicine and Health Sciences Limited 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:

Warren Ross

Name of Person

University of Medicine and Health Sciences

Firm/Company

460 W. 34th Street

Address

New York, NY 10001

City/State and Zip code

wross@umhs-sk.net

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

For further information concerning this matter, please call:

Anne Prillaman

212

868-4720

at ()

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

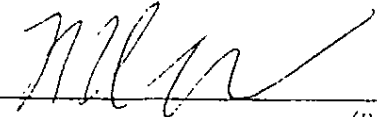
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

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.

1. University of Medicine and Health Sciences Limited Corporation
(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. St. Kitts and Nevis 3. 26-0905114
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. May 28, 2004 5. perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. upon qualification
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. Camps Island Main Road, St. Kitts
(Principal office address)
- P.O. Box 1218, Basseterre, St. Kitts
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Melanic Weiner
Office Address: 224 Datura St, Suite 1115
West Palm Beach, Florida 33401
(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.


(Registered agent's signature)

11.20 - 2017

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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DEPT OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Warren Ross

Address: 6 Fleet Court
Northport, NY 11768

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Warren Ross

Address: 6 Fleet Court
Northport, NY 11768

Vice President: Jerry Thornton

Address: 401 N. Walnut Avenue
Eagle Lake, TX 77434

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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

12. Warren Ross
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. Warren Ross, President

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

UNIVERSITY OF MEDICINE AND HEALTH SCIENCES, LLC

NORTH AMERICAN ADMINISTRATIVE OFFICE
460 WEST 34TH STREET, 4TH FLOOR ■ NEW YORK, NEW YORK 10001
TELEPHONE: 212-868-0855 ■ FACSIMILE: 212-279-8640
WEBSITE: WWW.UMHS-SK.ORG

December 4, 2017

Florida Department of State
2661 Executive Center Cir W
Tallahassee, FL 32301

Re: University of Medicine and Health Sciences Limited Corporation
Document Number W17000095529

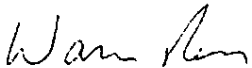
Dear Sir or Madam:

We recently filed documents to register the entity referenced above as a Foreign Corporation in Florida. The filing was rejected on the basis that the name was already in use by us.

We hereby give permission to register the University of Medicine and Health Sciences Limited Corporation as a Foreign Corporation in Florida.

If you have any questions or need additional information, please do not hesitate to contact me.

Best regards,



Warren Ross
Manager and President

2017 DEC -6 PM 3:37
FILED
TALLAHASSEE, FLORIDA

FILED
2017 DEC -6 PM 1:22
TALLAHASSEE, FLORIDA



Saint Christopher and Nevis

FINANCIAL SERVICES REGULATORY COMMISSION

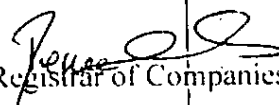
I hereby Certify that

University of Medicine and Health Sciences Limited

a Private Ordinary Company with limited liability, Incorporated under The
Companies Act (No. 22 of 1996) on the 16th of October 2007, is in Good
Standing on the Register of Companies.

Given under the Hand and Seal of the
Registrar of Companies, Saint Christopher.
this 14th day of November, 2017




Registrar of Companies

