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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

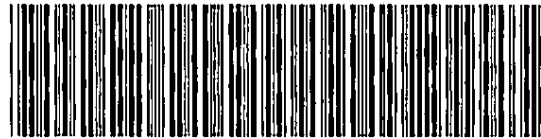
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2017

IGOR SINIAKOV
194 INDIAN CREEK RD
OAK HILL, FL 32759

SUBJECT: IGOR SINIAKOV, M.D. P.C., CORP.
Ref. Number: W17000095727

We have received your document for IGOR SINIAKOV, M.D. P.C., CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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.

Dionne M Pijoux
Regulatory Specialist

Letter Number: 617A00024373

2017 DEC 22 AM 11:23

FALL ANNUAL STATE FILING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IGOR SINIAKOV, M.D. 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:

IGOR SINIAKOV

Name of Person

IGOR SINIAKOV, M.D. P.C., CORP.

Firm/Company

194 INDIAN CREEK ROAD

Address

OAK HILL FL 32759

City/State and Zip code

IGORSINIAKOV4@GMAIL.COM

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

For further information concerning this matter, please call:

IGOR SINIAKOV

806 438-8938

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.

IGOR SINIAKOV, M.D. 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)

2. MICHIGAN _____ 3. 27-4382875
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/27/2010 _____ 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)

7. 194 INDIAN CREEK ROAD OAK HILL FL 32759
(Principal office address)

(Current mailing address, if different)

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

Name: IGOR SINIAKOV

Office Address: 194 INDIAN CREEK ROAD

OAK HILL _____, Florida 32759
(City) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

IGOR SiniaKov, M.D.

(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.

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

A. DIRECTORS

Chairman: N/A

Address: _____

Vice Chairman: N/A

Address: _____

Director: N/A

Address: _____

Director: N/A

Address: _____

B. OFFICERS

President: IGOR SINIAKOV

Address: 194 INDIAN CREEK ROAD
OAK HILL, FL 32759

Vice President: SAME

Address: _____

Secretary: SAME

Address: _____

Treasurer: SAME

Address: _____

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

12. N/A x Igor Siniakov, M.D.

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. IGOR SINIAKOV, PRESIDENT

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

17 DEC 27 AM 7:14
SECOND HAVY 109 STATE
FALL HILLS SECT FLORIDA



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

IGOR SINIAKOV, M.D. P.C.

was validly incorporated on December 27, 2010 as a Michigan DOMESTIC PROFESSIONAL CORPORATION, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 17111611340

*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 20th day of November, 2017.*

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau