

## SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 12/28/2017

L · .

\*\*WALK IN\*\*

ENTITY NAME\_\_KELLY BROGAN, M.D., INC.

DOCUMENT NUMBER\_\_\_\_\_

**PLEASE FILE TI	HE ATTACHED AND	RETURN**
------------------	-----------------	----------

XXXX

Plain Copy 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\*\*

TOTAL OWED<sup>78.75</sup>

снеск #4361

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

#### COVER LETTER

TO: Registration Section Division of Corporations

KELLY BROGAN, M.D., P.C.

SUBJECT:

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:

#### Marisa Roman

	······································	Name of	Person	
United Corporate Service	s. Inc.			
		Firm/Con	npany	
501 7th Avenue, Suite 40	8			
	·· ··	Addr		—
New York, NY 10018				
		City/State a	and Zip code	
drbrogan@kellybroganm	i.com	-		
	E-mail address:	(to be used	for future annual report notification)	
For further information	concerning this ma	itter, please	call:	
Marisa Roman		212	683-4120	
Name of Perso	n .	Area Coo	de Daytime Telephone Number	
STREET/COU	RIER ADDRESS	:	MAILING ADDRESS:	
Registration Section		Registration Section		
Division of Corporations		Division of Corporations P.O. Box 6327		
Clifton Building 2661 Executive Center Curele		Tallahassee, FL 32314		
Fallahassee, FL				
Enclosed is a check for	the following amo	int		
□ \$70.00 Filing Fee	S78.75 Filing Certificate of		<ul> <li>\$78,75 Filing Fee &amp; C \$87,50 Filing Fee Certified Copy</li> <li>Certified Copy</li> <li>Certified Copy</li> </ul>	

KELLY BROGAN, M.D., INC.

#### 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				
	orporation; must include "INCORPORATED," 'orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	,	
KELLY BROG	AN, M.D., P.C.			
(If name unavail	able in Florida, enter alternate corporate name ac	lopted for the purpose of transacting	business in Florida)	
New York	3	26 286 0246		
(State or countr	y under the law of which it is incorporated)	(FEI number, if appl	icable)	
June 20, 2008	5.			
(Date	. (Date of incorporation) 5. (Date of		ate of duration, if other than perpetual)	
upon registratio 6.				
6515 Collins Ave 7	(SEE SECTIONS 607.1501 & 607.150 e, 1402, Miami FL 33140 (Principa	2, F.S., to determine penalty liability		
<u>+ + + + +</u>	(Current mailing	address, if different)	FILE	
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	E U	
Name:	United Corporate Services, Inc.			
Office Address:	9200 South Dadeland Blvd. Suite 508		34 · · · · · · · ·	
	Miami	33156 , Florida		
	(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.



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.

i1 Names and business addresses of officers and/or directors:

A. DIRECTORS
Chairman:
Address:
Vice Chaimnan.
Address.
Kelly Brogan, M.D. Director:
Address:
Director:
Address:
B. OFFICERS
Kelly Brogan, M D President.
9515 Collins Ave, 1402, Miami FL 33140
Address:
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. Lilly Prayth 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. Kelly Brogan, M.D., President

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

# State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of KELLY BROGAN, M.D., P.C. was filed on 06/20/2008, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



\*\*\*

Witness my hand and the official seal of the Department of State at the City of Albany, this 26th day of December two thousand and seventeen.

Brendan W. Fitzgerald Executive Deputy Secretary of State

201712270012 + 37