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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	Name of corporation - must include suffix	_
	Name of corporation - must include suffix	_
Dear Sir	r or Madam:	
"Certific	closed "Application by Foreign Corporation for Authorization to Transact Business in Florida," cate of Existence," or "Certificate of Good Standing" and check are submitted to register the eferenced foreign corporation to transact business in Florida.	
Please r	eturn all correspondence concerning this matter to the following:	
$\bigcap$	av. & Boriskin	
		-
V	Name of Person  anson INVestigations Fuc.	
<b>.</b>	Firm/Company	
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	Address // VIII = -	- П
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<u> </u>	borisking Vanson pi. com	П
	E-mail address: (to be used for future annual report notification):	j
For furt	her information concerning this matter, please call:	
Dav	d Boriskin ar (9/7) 647-9030	
	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	
Enclose	d is a check for the following amount:	
<b>X</b> \$70.	00 Filing Fee \$\Begin{array}{c} \Boxed{\Pi} \$78.75 \text{ Filing Fee & } \Boxed{\Pi} \$78.75 \text{ Filing Fee & } \Boxed{\Pi} \$87.50 \text{ Filing Fee, } \text{ Certificate of Status } \text{ Certified Copy }  Certif	s &

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	WITH SECTION 607.1503, EIGN CORPORATION TO				
(Enter name of co	rporation: must include "INCOI rp," "Inc." "Co," or "Corp.")	RPORATED," "CO	OMPANY." "CORPORATI	ON,"	_
	ble in Florida, enter alternate co		- •	-	_
2. <b>/</b> *	www.Xof(< runder the law of which it is inc	3	65-1245	637	
4. 3-17	7 - 200 5	5	<del></del>		
(Date	of incorporation)		(Date of duration, if oth	er than perpetual)	
6	(Date first transac	ted business in Flor	ida, if prior to registration)		_
* I/	(SEE SECTIONS 607.	1501 & 607.1502, F	S., to determine penalty lia		
7. <u>595</u>	unnysde 0/6	ud So tel	- Plainvie	w ry/19	<u>0_3</u>
		(Principal of	fice address)		
	(	Current mailing add	lress, if different)	· · · · · · · · · · · · · · · · · · ·	_
	Dav. & Bous  1151 NW & Plantation (City)	_	<del></del>	TALL AFA	T] =
Office Address:	1151 NW E	9 WE-1			 ?-9
Office Address.	Plantation	<del>/ -</del>	<b>2</b> 233	ス <u>ラー                                    </u>	
	(City)		, Florida (Zin code)	- <del>-</del> ω	
	, ,,		(=:p =::::::)		
designated in this ( further agree to co	nt's acceptance: ed as registered agent and to application, I hereby accept emply with the provisions of amiliar with and accept the o	the appointment all statmes relati	as registered agent and over to the proper and com	igree to act in this cap <del>plete performance</del> of	acity.
<del></del>					
	0 /	(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 Vice Chairman: Address: \_\_\_\_\_ Address: \_\_\_\_\_ Address: B. OFFICERS President: David Boriskind

Address: 54 Sunnyside Blue Suite 6
Plainview my 1/802 Vice President: Address: \_\_\_ Secretary: Address: \_\_\_ Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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:T55, F.S. (Typed or printed name and capacity of person signing application)

## State of New York **Department of State**

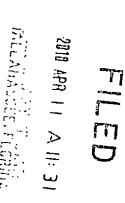
I hereby certify, that the Certificate of Incorporation of VANSON INVESTIGATIONS, INC. was filed on 03/17/2005, under the name of VANSON INVESTIGATIONS, INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, 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.

A Certificate of Amendment VANSON INVESTIGATIONS, INC., changing its name to VANSON INVESTIGATIONS & MEDICAL REVIEW SERVICES, INC., was filed 12/05/2005.

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A Certificate of Amendment VANSON INVESTIGATIONS & MEDICAL REVIEW SERVICES, INC., changing its name to VANSON INVESTIGATIONS, INC., was OF NIK.

filed 09/23/2010.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 03rd day of May two thousand and eighteen.

Brendan W. Fitzgerald Executive Deputy Secretary of State