

F18000002403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

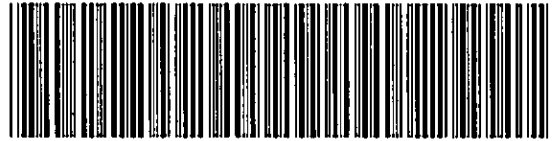
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 MAY 21 PM 4:02

SECRETARY OF STATE
HALLMARKS ALABAMA

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O SIMMONS
MAY 22 2018

COVER LETTER

TO: Registration Section
Division of Corporations
Cappa Health, Inc.

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:
Bimal R. Merchant

Merchant Law Firm PLLC	Name of Person
1001 N. Central Avenue, Suite 660	Firm/Company
Phoenix, Arizona 85004	Address
brm@merchantlawaz.com	City/State and Zip code
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Bimal R. Merchant	602	254-6010
_____	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:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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. CAPPA HEALTH, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Cappa Health Florida, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 81-1062960
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/11/2016 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. 8 The Green, Ste. R, Dover, DE 19901
(Principal office address)

8900 E. Pinnacle Peak Rd. E200 Scottsdale, AZ 85255
(Current mailing address, if different)

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

Name: Registered Agents Inc.

Office Address: 3030 N. Rocky Point Dr. STE 150A

Tampa . Florida 33607
(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 Agents Inc.

Bill Havre

- Assistant Secretary

(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

Ray Lyons

Chairman:

8525 E. Pinnacle Peak Road, Suite 101

Address:

Scottsdale, AZ 85255

Michael Tingey

Vice Chairman:

8525 E. Pinnacle Peak Road, Suite 101

Address:

Scottsdale, AZ 85255

Tom Garrison

Director:

8525 E. Pinnacle Peak Road, Suite 101

Address:

Scottsdale, AZ 85255

Director:

Address:

B. OFFICERS

Ray Lyons

President:

8525 E. Pinnacle Peak Road, Suite 101

Address:

Scottsdale, AZ 85255

Michael Tingey

Vice President:

8525 E. Pinnacle Peak Road, Suite 101

Address:

Scottsdale, AZ 85255

Ray Lyons

Secretary:

8525 E. Pinnacle Peak Road, Suite 101 Scottsdale, AZ 85255

Address:

Michael Tingey

Treasurer:

8525 E. Pinnacle Peak Road, Suite 101 Scottsdale, AZ 85255

Address:

FILED
18 MAY 21 PM 4:02
CLERK OF THE COURT
JUDICIAL DEPARTMENT
CLERK OF THE COURT

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

12. _____

Raymond M. Lyons
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.

Ray Lyons

13. _____

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

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE CERTIFICATE OF INCORPORATION OF "CAPPA HEALTH, INC.", WAS RECEIVED AND FILED IN THIS OFFICE THE ELEVENTH DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION REMAINS A DOMESTIC CORPORATION ON OUR RECORDS BUT HAS FAILED TO FILE THE ANNUAL FRANCHISE TAX REPORT AND PAY THE FRANCHISE TAXES CURRENTLY DUE.



A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

5933295 8300U

SR# 20181678424

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

Authentication: 202248895

Date: 03-02-18