

F18000002438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

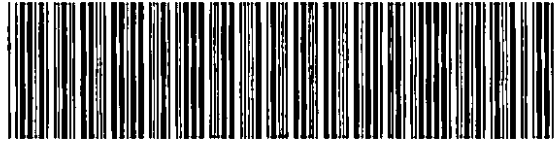
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JCS
5-24-18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Avalon Healthcare System Inc.
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:

David Jin
Name of Person
Avalon Healthcare System Inc.
Firm/Company
4400 Route 9 South, Suite 3100
Address
Freehold, New Jersey 07728
City/State and Zip code
david@avalon-globocare.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Jin at (917) 930-8118
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. Avalon Healthcare System Inc.

(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. Delaware

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. 05-18-2015

(Date of incorporation)

5.

(Date of duration, if other than perpetual)

6. 06-14-2018

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502 F.S., to determine penalty liability)

6580 72nd Ave., N. Pinellas Park, FL 33781

(Principal office address)

4400 Route 9 South, Suite 3100, Freehold, New Jersey 07728

(Current mailing address, if different)

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

Name: Luisa Ingargiola

Office Address: 6580 72nd Ave N.

Pinellas Park

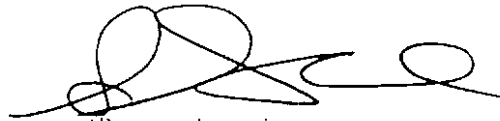
(City)

Florida 33781

(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)

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: WENZHAO LU

Address: 4400 Route 9 South, Suite 3100, Freehold, New Jersey 07728

Vice Chairman: _____

Address: _____

Director: DAVID JIN

Address: 4400 Route 9 South, Suite 3100, Freehold, New Jersey 07728

Director: MENG LI

Address: 4400 Route 9 South, Suite 3100, Freehold, New Jersey 07728

B. OFFICERS

President: DAVID JIN

Address: 4400 Route 9 South, Suite 3100, Freehold, New Jersey 07728

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. David Jin
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. DAVID JIN OFFICER

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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AVALON HEALTHCARE SYSTEM INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AVALON HEALTHCARE SYSTEM INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF MAY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



5749701 8300

SR# 20183521876

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

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.

Authentication: 202691923

Date: 05-14-18