

F18000003218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2018 JUL 12 AM 10:40

2018 JUL 12 PM 3:17

B FIGUEROA

JUL 16 2018

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.Incserv.com
e-mail: info@incserv.com



ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 7/12/2018

PRIORITY Routine

OUR REF # (Order ID#) 670957

ORDER ENTITY
HEALTHLYNKED CORP.

PLEASE PERFORM THE FOLLOWING SERVICES:

HEALTHLYNKED CORP. (FL)

File the attached foreign qualification document

Please provide a certified copy as evidence.

NOTES:

\$78.75 Authorized

Email address for annual report reminders: Patty@delaneycorporate.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written over a vertical line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**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.*

HEALTHLYNKED 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)

NEVADA

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

08/06/2014

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

08/06/2014

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

1726 MEDICAL BLVD, SUITE 101, NAPLES, FL 34110

7. _____
(Principal office address)

(Current mailing address, if different)

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

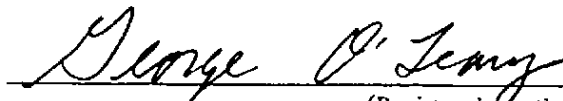
Name: GEORGE O'LEARY

Office Address: 1726 MEDICAL BLVD, SUITE 101

NAPLES, Florida 34110
(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 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.

FILED
2010 JUL 12 AM 10:40
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: MICHAEL DENT, M.D.

Address: 1726 MEDICAL BLVD, SUITE 101
NAPLES, FL 34110

Vice Chairman:

Address:

Director: GEORGE O'LEARY

Address: 1726 MEDICAL BLVD, SUITE 101
NAPLES, FL 34110

Director:

Address:

B. OFFICERS

President: MICHAEL DENT, M.D.

Address: 1726 MEDICAL BLVD, SUITE 101
NAPLES, FL 34110

Vice President:

Address:

Secretary: GEORGE O'LEARY

Address: 1726 MEDICAL BLVD, SUITE 101, NAPLES, FL 34110

Treasurer: GEORGE O'LEARY

Address: 1726 MEDICAL BLVD, SUITE 101, NAPLES, FL 34110

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

12.

George O'Leary

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. GEORGE O'LEARY, CHIEF FINANCIAL OFFICER

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

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **HEALTHLYNKED CORP.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since August 6, 2014, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 11, 2018.

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

Electronic Certificate
Certificate Number: C20180711-1751