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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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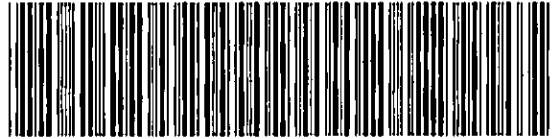
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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JUL 13 PM 4:08  
JUL 13 PM 5:01  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

JUL 16 2018

D CUSHING



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
866.625.0838  
COGENCYGLOBAL.COM

Date: July 13, 2018

Account#: I20000000088

Name: Marisa Kugelman

Reference #: D320248

Entity Name: MDLIVE MEDICAL GROUP (DE), P.A., CORP.

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

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STATE  
CLERK OF SUPERIOR COURT  
18 JUL 13 PM 5:01

Authorized Amount: \$70.00

Signature: Marisa Kugelman

• CORPORATE HQ  
COGENCY GLOBAL INC.  
10 E 40 ST 10 FL  
NY, NY 10016  
800.221.0102  
+1.212.947.7200

• EUROPEAN HQ  
COGENCY GLOBAL (UK) LIMITED  
REGISTRED IN ENGLAND & WALES  
90-91A BYSTON RD  
6 BEVIS MARKS, 17 FL  
LONDON EC3A 7BA  
+44 (0)20.3786.1090

• ASIA PACIFIC HQ  
COGENCY GLOBAL (HK) LIMITED  
A HONG KONG LIMITED COMPANY  
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199 DES VOLEUR RD CENTRAL  
HONG KONG  
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TALLAHASSEE, FL 32301  
866.625.0838  
COGENCYGLOBAL.COM

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. MDLive Medical Group (DE), P.A.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

MDLive Medical Group (DE), P.A., Corp.  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

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

4. 10/23/2015 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. 13630 NW 8th Street Suite 205, Sunrise, FL 33325  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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

Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun Street, Suite 4

Tallahassee, Florida 32301  
(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.*

*Kelle Poore* Asst. 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.

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18 JUL 13 PM 5:01  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_ Lyle Berkowitz, MD

Address: \_\_\_\_\_ 13630 NW 8th Street Suite 205

\_\_\_\_\_ Sunrise, FL 33325

Director: \_\_\_\_\_ Jason Casten

Address: \_\_\_\_\_ 13630 NW 8th Street Suite 205

\_\_\_\_\_ Sunrise, FL 33325

**B. OFFICERS**

President: \_\_\_\_\_ T. Ford Brewer, MD

Address: \_\_\_\_\_ 13630 NW 8th Street Suite 205

\_\_\_\_\_ Sunrise, FL 33325

Vice President: \_\_\_\_\_ Lyle Berkowitz, MD

Address: \_\_\_\_\_ 13630 NW 8th Street Suite 205

\_\_\_\_\_ Sunrise, FL 33325

Secretary: \_\_\_\_\_ Lyle Berkowitz, MD

Address: \_\_\_\_\_ 13630 NW 8th Street Suite 205, Sunrise, FL 33325

Treasurer: \_\_\_\_\_ Jason Casten

Address: \_\_\_\_\_ 13630 NW 8th Street Suite 205, Sunrise, FL 33325

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

12. \_\_\_\_\_

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. \_\_\_\_\_ T. Ford Brewer, MD, President, Medical Group

(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 "MDLIVE MEDICAL GROUP (DE), P.A." 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 TWELFTH DAY OF JULY, 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 "MDLIVE MEDICAL GROUP (DE), P.A." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF OCTOBER, A.D. 2015.

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



5858263 8300

SR# 20185639400

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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 in a small font.

Authentication: 203054645

Date: 07-12-18