

10/10/2018

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
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From:

Account Name : ACCUMERA LLC
Account Number : I20090000079
Phone : (518)937-9117
Fax Number : (518)937-9128

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: info@accumera.com

FOREIGN PROFIT/NONPROFIT CORPORATION
BENSON A. BABU PHYSICIAN MBA, P.C. CORP

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BENSON A. BABU PHYSICIAN MBA, P.C. CORP

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:

Heather LaBelle

Name of Person

Accumera LLC

Firm/Company

911 Central Ave., #101

Address

Albany, NY 12206

City/State and Zip code

info@accumera.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather LaBelle

518

937-9117

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:

- ☒ \$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.

BENSON A. BABU PHYSICIAN MBA, P.C. 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)

2. New York 3. 27-4714571
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/28/2011 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 8/1/2018
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 345 Ocean Drive, Apt. 408, Miami Beach, FL 33139
(Principal office address)

345 Ocean Drive, Apt. 408, Miami Beach, FL 33139
(Current mailing address, if different)

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

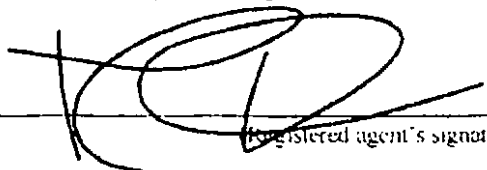
Name: Benson Babu

Office Address: 345 Ocean Drive, Apt. 408

Miami Beach 33139
(City) Florida (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. DIRECTORSChairman Benson BabuAddress: 345 Ocean Drive, Apt. 408, Miami Beach, FL 33139

Vice Chairman, _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERSPresident, Benson BabuAddress: 345 Ocean Drive, Apt. 408, Miami Beach, FL 33139

Vice President, _____

Address: _____

Secretary Benson BabuAddress: 345 Ocean Drive, Apt. 408, Miami Beach, FL 33139Treasurer Benson BabuAddress: 345 Ocean Drive, Apt. 408, Miami Beach, FL 33139**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. Benson Babu, President

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

**State of New York
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of RENSON A. BABU PHYSICIAN MBA, P.C. was filed on 01/28/2011, 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. I further certify the following:

A Biennial Statement was filed 01/17/2013.

A Biennial Statement was filed 10/04/2018.

I further certify that no other documents have been filed by such corporation.

*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 05th day of October
two thousand and eighteen.*



Brendan W. Fitzgerald
Executive Deputy Secretary of State

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