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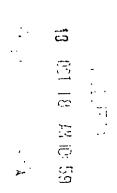
(Re	questor's Name)				
(Address)					
(Address)					
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PICK-UP	MAIT	MAIL			
(Business Entity Name)					
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Special Instructions to	Filing Officer:				

Office Use Only



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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

		NSTATUTES, THE FOLLOWING IS SUBMITTED TO T BUSINESS IN THE STATE OF FLORIDA.
Project Assistani	ts, Inc.	
	orporation, must include "INCORPORATE orp," "luc." "Co." or "Corp.")	D." "COMPANY," "CORPORATION,"
(if name unavaila Delaware		me adopted for the purpose of transacting business in Florida) 51-0377718
		3
(State or country 08-15 1996	y under the law of which it is incorporated)	(FEI number, if applicable)
		5 9 2
(Date October 15, 201)	of incorporation) 8	(Date of duration, if other than perpetual)
f akeview Health	(SEE SECTIONS 607,1501 & 607 Holdings, Inc. 642 S Military Trail, Deerfie	is in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability) eld Beach, Fl. 33442 reipal office address)
Project Assistants	s, Inc. 1521 Concord Pike, Suite 301 Wilmi	
	(Current ma	ulmg address, if different)
8. Name and stree	s <u>taddress</u> of Florida registered agent: (P.O. Box, NOT acceptable)
Name:	NRAI Services, Inc. (National Registeres Agents Inc.)	•
Office Address:	1200 South Pine Island Rd.	
	Plantion (Broward County)	33324 Florida
	(City)	(Zip code)
ं Registered age	ent's acceptance:	·
		rvice of process for the above stated corporation at the place
designated in this	application, I hereby accept the appoin	ntment as registered agent and agree to act in this capacity.
further agree to co	omply with the provisions of all statute amiliar with and accept the obligation:	ex relative to the proper and complete performance of my
		Parault
	January Cheer L.	Danny Verdecchia Assistant Secretary
	(Registere	ud 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.

DIRE	CTORS	•
	Augustus J. Cicala, Jr	
rman:	104 Carriage Way	
ress: _ V	Vilmington DE 19803	
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Chair	man;	
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dent:	Angustus J. Cicala Jr.	<u> </u>
	104 Carriage Way	
,	Wilmington DE 19803	
Presic	lent:	
_		
atary;		
vas: _		
sureri		
ess: _		
re: I	f necessary, you may attach of addendum to the application listing additional officers and	or directors.
office rue ar rd deg	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that the ord that he or she is aware that false information submitted in a document to the Departmen gree felony as provided for in s.817.155, F.S. sus J. Cicala, Jr	e facts stated nerei

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



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PROJECT ASSISTANTS, 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 SEVENTH DAY OF SEPTEMBER, 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 "PROJECT

ASSISTANTS, INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF AUGUST,

A.D. 1996.

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

Authentication: 203377578

Date: 09-07-18