

F18000005229

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (950) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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FALL ACHIEVEMENT

FOREIGN PROFIT/NONPROFIT CORPORATION
ELTA MD, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

2018 NOV 15 AM 11:30

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FX 11-16-18

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. Elta MD, 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. Texas 3. 75-2265066
(State or country under the law of which it is incorporated) (FEL number, if applicable)

4. 12/05/1988 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 2055 Luna Road, Suite 126, Carrollton, TX 75006
(Principal office address)

same
(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

C T Corporation System

Peter F. Souza
Assistant Secretary

By: 

(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.

DEPARTMENT OF STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11-15-2018 BY 60322

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

A. DIRECTORS SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

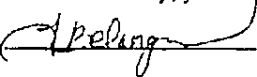
Address: _____

Director: _____

Address: _____
_____**B. OFFICERS SEE ATTACHMENT**President: Lawrence MacPheeAddress: 300 Park AvenueNew York, NY 10022Vice President: John Matthew HazlinAddress: 300 Park AvenueNew York, NY 10022Secretary: Kristine HutchinsonAddress: 300 Park Avenue, New York, NY 10022

Treasurer: _____

Address: _____

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. Tricia Belanger, Vice President

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

**Attachment to Florida
Officers & Directors**

- | | | |
|---|-------------------|---------------------|
| 1 | Full Name: | Jennifer M. Daniels |
| | Officer/Director: | Director |
| | Officer's Title: | |
| | Director's Title: | Director |
| | Business Address: | 300 Park Avenue |
| | City: | New York |
| | State: | NY |
| | ZIP Code: | 10022 |
| 2 | Full Name: | Kristine Hutchinson |
| | Officer/Director: | Director |
| | Officer's Title: | |
| | Director's Title: | Director |
| | Business Address: | 300 Park Avenue |
| | City: | New York |
| | State: | NY |
| | ZIP Code: | 10022 |
| 3 | Full Name: | Henning I. Jakobsen |
| | Officer/Director: | Director |
| | Officer's Title: | |
| | Director's Title: | Director |
| | Business Address: | 300 Park Avenue |
| | City: | New York |
| | State: | NY |
| | ZIP Code: | 10022 |

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Corporations Section
P.O. Box 13697
Austin, Texas 78711-3697



Rolando B. Pablos
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for Elta MD, Inc. (file number 109647500), a Domestic For-Profit Corporation, was filed in this office on December 05, 1988.

It is further certified that the entity status in Texas is in existence.

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SECRETARY OF STATE
TALLAHASSEE, FLA 32301

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 13, 2018.



A handwritten signature in black ink, appearing to read "R. Pablos".

Rolando B. Pablos
Secretary of State