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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AJC SOFTWARE INC. dba JR Orthotics

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:

ROCHELLE COLLAZO

Name of Person

AJC SOFTWARE INC. dba JR ORTHOTICS

Firm/Company

1405 S ORANGE AVE. SUITE 308.

Address

ORLANDO FLORIDA 32806

City/State and Zip code

RCOLLAZO@ORTHO-PED.COM

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

For further information concerning this matter, please call:

ROCHELLE COLLAZO

787

317-4702

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.*

AJC SOFTWARE INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

AJC SOFTWARE INC. dba JR ORTHOTICS

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

PUERTO RICO

660682396

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

MARCH 7, 2006

4. _____ 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)

1405 S ORANGE AVE. SUITE 308, ORLANDO, FLORIDA, 32806

7. _____
(Principal office address)

7512 DR. PHILLIPS BLVD. 50-244, ORLANDO, FLORIDA, 32819

(Current mailing address, if different)

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

Name: _____
ROCHELLE COLLAZO

Office Address: _____
6361 FLAT LEMON DRIVE

WINTERGARDEN _____, Florida 34787
(City) (Zip code)

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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. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: ROCHELLE COLLAZO

Address: 6361 FLAT LEMON DRIVE, WINTERGARDEN, FL. 34787

Vice President: JOSE GARCIA

Address: 6361 FLAT LEMON DRIVE, WINTERGARDEN, FL. 34787

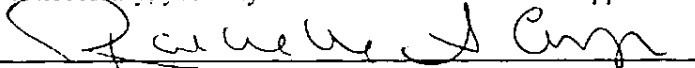
Secretary: _____

Address: _____

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. ROCHELLE COLLAZO - PRESIDENT

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



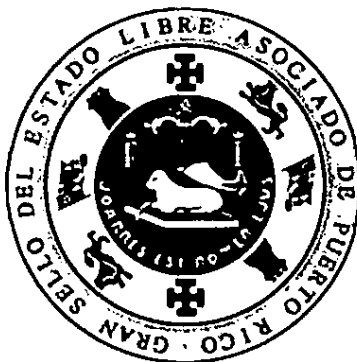
Government of Puerto Rico

CERTIFICATE OF EXISTENCE

I, **LUIS G. RIVERA MARÍN**, Secretary of State of the Government of Puerto Rico,

CERTIFY: That according to our records **AJC SOFTWARE , INC.**, with registration number **160590**, is a **domestic for profit corporation** organized on **March 7, 2006**.

This certification does not certify that this corporation has filed its annual reports, pursuant to the requirements of the General Corporations Law, as amended. If you need to know if such reports have been filed, you must request a Certificate of Good Standing.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **January 3, 2019**.

A handwritten signature in black ink, appearing to be "LGR", followed by a horizontal line.

LUIS G. RIVERA MARÍN
Secretary of State

To validate this certificate go to: <http://estado.pr.gov/>

This certificate can be validated an unlimited number of times before its expiration date of 03-Jan-2020.

Certificate Validation Number: **279947-97889766**