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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

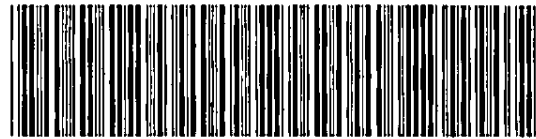
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/16/18--01023--017 **87.50

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2019 JAN 18 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FL

New
Profit
foreign
corp

DC
2/5/19



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2018

SANJAY NIKUMBH
400 APPLEWOOD CRESCENT, SUITE 100
CONCORD, ON L4K 0C3 CANADA,

SUBJECT: EMEDECARE, INC.
Ref. Number: W18000076795

We have received your document for EMEDECARE, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 918A00017590

COVER LETTER

TO: Registration Section
Division of Corporations
eMedeCare, inc

SUBJECT: _____
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:
Sanjay Nikumbh

Name of Person
eMedeCare, inc

Firm/Company
400 Applewood Crescent, Suite 100,

Address
Concord, ON L4K 0C3, Canada

City/State and Zip code
info@emedecare.com

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

For further information concerning this matter, please call:

Sanjay Nikumbh 647 448 2445

Name of Person at () 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.*

eMedeCare Inc.

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)
ON, Canada

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
01/01/2018

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)

400 Applewood Crescent, Suite 100, Concord, ON, L4K 0C3

7. _____
(Principal office address)

(Current mailing address, if different)

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

Luzma Martinez

Name:

1500 NW 89th Street, Suite 105

Office Address:

Miami

33172

(City)

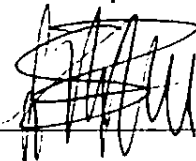
, Florida

(Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FL

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.

X  _____
(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: _____

B. OFFICERS

Sanjay Nikumbh

President: _____

90 Alba Ave. Woodbridge, ON L4H 2B3, Canada

Address: _____

Ivan D'Souza

Vice President: _____

73 Elena Crescent, ON L6A 2J1, Canada

Address: _____

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. SANJAY NIKUMBH, PRESIDENT.

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



Innovation, Science and
Economic Development Canada
Innovation, Sciences et
Développement économique Canada
Corporation Canada

Innovation, Sciences et
Développement économique Canada
Corporation Canada

Certificate of Existence

Canada Business Corporations Act
s. 263.1(1)(c)

Certificat d'existence

Loi canadienne sur les sociétés par actions
art. 263.1(1)

eMedeCare Inc.

Corporate name / Dénomination sociale

1052490-5

Corporation number / Numéro de société

I HEREBY CERTIFY that the corporation
named above was in existence under the
Canada Business Corporations Act on 2018-
10-24 (YYYY-MM-DD).

JE CERTIFIE, par la présente, que la société
ci-dessus mentionnée existait en vertu de la
Loi canadienne sur les sociétés par actions
le 2018-10-24 (AAAA-MM-JJ).

Cheryl Ringor

Deputy Director / Directeur adjoint

2018-10-24

Issuance date (YYYY-MM-DD)
Date d'émission (AAAA-MM-JJ)