

F7900000885

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

((H19000057663 3)))



H19000057663ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

FILED
19 FEB 20 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
JOOL HEALTH, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

2019 FEB 21 AM 9:53

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

FEB 21 2019

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. JOOL HEALTH, 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. DELAWARE 3. 47-2067728
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 10-8-2014 5.
(Date of incorporation) (Date of duration, if other than perpetual)

6. JANUARY 28, 2019
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 535 W. WILLIAM STREET, SUITE 4N, ANN ARBOR, MICHIGAN 48103
(Principal office address)

(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

By: Christine Kelm
Christine Kelm-Asst. Secretary
(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.

FILED
19 FEB 20 PM 36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
19 FEB 20 PM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: VICTOR STRECHER

Address: 535 W. WILLIAM STREET, SUITE 4N
ANN ARBOR, MI 48103

Vice Chairman: _____

Address: _____

Director: ROBERT CARR

Address: 1810 SOUTH FERN STREET
ARLINGTON, VA 22202

Director: ROBERT BOYLEN

Address: 187 MONROE AVE NW
GRAND RAPIDS, MI 49503**B. OFFICERS**

President: VICTOR STRECHER

Address: 535 W. WILLIAM STREET, SUITE 4N
ANN ARBOR, MI 48103

Vice President: _____


Address: _____

Secretary: KATHERINE B. HARDING

Address: 535 W. WILLIAM STREET, SUITE 4N, ANN ARBOR, MI 48103

Treasurer: KATHERINE B. HARDING

Address: 535 W. WILLIAM STREET, SUITE 4N, ANN ARBOR, MI 48103

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. KATHERINE B. HARDING

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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JOOL HEALTH, 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 NINETEENTH DAY OF FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

FILED
19 FEB 20 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



5617924 8300

SR# 20191158021

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202287254

Date: 02-19-19