# F19000001379

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



900325846839

U3/13/19--U1019--UU6 \*\*/U.UG

19 MAR 13 PH 12: 29
SECRETARY OF TALE
PLANTAGE FLORIDA

O GENERALONIE MAR 2.3/2019

#### **COVER LETTER**

TO:	Registration Section Division of Corporations				
41 <b>478</b> 8	MGA Healthcare, Inc.				
SUBJ	ECT:	Name of corporat	ion - m	ust include suffix	
Dear S	Sir or Madam:				
"Certi	iclosed "Application by Fore ficate of Existence." or "Cert referenced foreign corporation	ificate of Good S	tanding	" and check are sub	
Please Ivan H	return all correspondence co lannel	oncerning this ma	iter to t	he following:	
		Name	of Pers	on	
Zoe H	olding Company, Inc.				
		Firm/C	ompan	· · · · · · · · · · · · · · · · · · ·	
7025 ስ	S Scottsdale Rd. Suite 200				
		Ac	ldress		
Scotts	dale, AZ 85253				
.,	10 11	City/Stat	e and Z	ip code	
manne	d@zoeholdingco.com	ddmaga (to ha ua	ed for t	the second second	ustiti unti su V
	E-maii a	idaress: (to be us	20 10r 1	iture annual report n	iourication)
For fu	rther information concerning	this matter, pleas	se call:		
Tushana Forbes		602		385-1250	
	Name of Person	at ( Area C		Daytime Telepl	none Number
	STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ection orporations
Enclos	sed is a check for the followi	ng amount:			
<b>3</b> \$70		5 Filing Fee & ficate of Status		8.75 Filing Fee & rtified Copy	S87.50 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.

MGA Healthear			
	orporation; must include "INCORPORATED," orp." "Inc." "Co," or "Corp.")	" "COMPANY." "CORPORATI	ON."
(If name unavaila	ble in Florida, enter alternate corporate name	, ,	cting business in Florida)
California	3.	20-5603359	
(State or country 9/22/2006	3. y under the law of which it is incorporated) 5.	(FEI number, II	
(Date	of incorporation)	(Date of duration, if other	her than perpetual)
3/1/2019			
7025 N Scottsdale	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1502); Rd. Suite 200 Scottsdale, AZ 85253	n Florida, if prior to registration) 502, F.S., to determine penalty lia	bility)
	(Princi)	pal office address)	<del> </del>
	(*		
	(Current maili	ng address, if different)	<u> </u>
Name and stree	t address of Florida registered agent: (P.6 Paracorp Incorporated	O. Box <u>NOT</u> acceptable)	FILED MR 13 PH 12:
Tice Address:	155 Office Plaza Drive, 1st Floor		12: 29 12: 16: 10: 16: 17: 18: 18: 18: 18: 18: 18: 18: 18: 18: 18
	Tallahassee,	32301 , Florida	,
	(City)	(Zip code)	
aving been namesignated in this orther agree to co	ent's acceptance: ed as registered agent and to accept serv application, I hereby accept the appoint omply with the provisions of all statutes , amiliar with and accept the obligations o	ment as registered agent and correlative to the proper and com	agree to act in this capaci uplete performance of my
<del></del>	(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. DIR	ECTORS  David T Zowine
Chairman	7025 N Scottsdale Rd. Suite 200
Address:	Scottsdale, AZ 85253
Vice Cha	irman:
Address:	
Director	David T Zowine
Address:	7025 N Scottsdale Rd. Suite 200
	Scottsdale, AZ 85253
Director:	
	7.0 70
B. OFF	TCERS TO THE
President	
Address:	
	David T Zowine
Vice Pres Address:	sident:
	Scottsdale, AZ 85253
	David T Zowine
Secretary	7025 N Scottsdale Rd. Suite 200 , Scottsdale, AZ 85253
Address:	David T Zowine
Treasurer Address:	7025 N Scottsdale Rd, Suite 200 , Scottsdale, AZ 85253
	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
The offic are true a a third d	Signature of Director or Officer cer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes egree felony as provided for in s.817.155, F.S. and T.Zowine - President

#### STATE OF FLORIDA

#### REGISTERED AGENT CONSENT FORM

DATE: 3/12/2019

ENTITY NAME: MGA Healthcare, Inc.

#### REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated

### State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

MGA HEALTHCARE, INC.

FILE NUMBER: FORMATION DATE: C2928011 09/18/2006

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 12, 2019.

ALEX PADILLA Secretary of State