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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

ax Number : (855)330-1010

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

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## FOREIGN PROFIT/NONPROFIT CORPORATION DOCFORMATIVE, INC.

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## 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.

(Current mailing address) if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Registered agent's acceptance: (City)  St. Petersburg  St. Petersburg  St. Petersburg  (City)  Registered agent's acceptance: (City)  Registered agent and to accept service of process for the above stated corporation at the pion signated in this application, of all statutes reduites redistred agent.  Registered agent is application of my position as registered agent.  Registered agent and to accept the obligations of my position as registered agent.  Registered Agents Inc.  Registered agent is acceptance: (P.O. Box position as registered agent and to accept service of process for the above stated corporation at the pion signated in this application, the provision of all statutes reduites reduites Inc.  Registered Agents Inc.  Registered Agents Inc.  Registered agent with and accept the obligations of my position as registered agent.  Registered Agents Inc.  Registered Agents Inc.  Registered Agents Inc.  Registered Agents Inc.  Registered Agents Inc.	. Doctormative,			
Delaware   (State or country) under the law of which it is incorporated)   (FFI number, if applicable)	(Enter name of "fne.," "Co.," "C	corporation; must include "INCORPORATE forp," "Inc," "Co," or "Corp,")	D." "COMPANY," "CORPORATIO	N."
Delaware   (State or country) under the law of which it is incorporated)   (FFI number, if applicable)				
Delaware   (State or country) under the law of which it is incorporated)   (FFI number, if applicable)	(If name unavai	lable in Florida, enter alternate corporate nan	e adopted for the purpose of transaction	ng business in Florida)
(Date of incorporation)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Principal office address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Registered Agents Inc  St. Petersburg  St. Petersburg  (City)  (City)  (City)  (City)  (City)  Registered agent and to accept service of process for the above stated corporation at the place ignated in this application. Thereby accept the appointment as registered agent and agree to act in this ciffactive, there agree to comply with the provisions of all statutes relative to the proper and complete performance of my ites, and I am familiar with and accept the obligations of my position as registered agent.  Registered Agents Inc.			3. 83-4129017	
(Date of incorporation)  (Date of duration, if other than perpetual)  (Date of duration, if other than perpetual)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7901 4th St N STE 300 St. Petersburg FL 33702  (Principal office address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Registered Agents Inc  St. Petersburg  (City)  St. Petersburg  (City)  (City)  (City)  Registered agent's acceptance: ving been named as registered agent and to accept service of process for the above stated corporation at the placing instead in this application. I hereby accept the appointment as registered agent and agree to act in this cipacity, there agree to comply with the provisions of all statutes relative to the proper and complete performance of my ices, and I am familiar with and accept the obligations of my position as registered agent.  Registered Agents Inc.	(State or count	ty under the law of which it is incorporated)	(FFI number, if ap	plicable)
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	ies, ana 1 am J	amitiar with and accept the obligations	of my position as registered agent	
Bill Havre - Assistant Secretary		P. a. H	Registered Agents Inc.	
	,	Dec / James	Bill Havre - Assistant S	Secretary

10. Attached is a certificate of existence duty 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

Description of the control of the co		
A. DIRECTORS		
Chairman; Jeffrey G. Levine, MD		
Address: 7901 4th St N STE 300		
St. Petersburg FL 33702		
Vice Chairman: Raphaef T. Chudaitov		
Address: 7901 4th St N STE 300		-
St. Petersburg Ft, 33702		
Director: Jeffrey Levine	,	
Address: 7901 4th St N STE 300		*
St Petersburg FL 33702		
Director: Raphael Chudaitov		
Address: 7901 4th St N STE 300		
St. Petersburg FL 33702		<del></del> -
B. OFFICERS		
President: Jeffrey G. Levice, MD		
Address: 7901 4th SLN STE 300		
St Petersburg Ft 33702	25	7.23
Vice President: Raphael T. Chudaitov	200 A	-
Address: 7901 4th St N STE 300		,;•
S: Peterspurg Ft 33702		<u> </u>
Secretary: Jeffrey Levine		•
Address: 7901 4th St N STE 300 St. Petersburg FL 33702	= ::	
Frensurer: Raphael Chudaitov	<del></del>	
Address: 7901 4th St N STE 300 St. Petersburg FL 33702		
NOTE: If precessary, you may attach an addendum to the application listing additional officers and	tor dissolves	,
2. Helder L	on uncetors.	

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 14 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. Jeffrey G. Levine, MD

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DOCFORMATIVE, 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 TWENTY-NINTH DAY OF MARCH, A.D.

2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DOCFORMATIVE,

INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF MARCH, A.D. 2019.

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



Jeffrey W Budlec's, Encretary of State

Authentication: 202541929