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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120080000045 Phone : (302)645-7400 Fax Number : (302)645-1280

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

Email Address:_spelcyger@gmail.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Guardian Angels Healthcare, Inc.

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4-12-19

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. Guardian Angels Healthcare, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "lnc.," "Co.," "Corp." "Inc." "Co." or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Delaware (FEI number, if applicable) (State or country under the law of which it is incorporated) (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) 8201 Peters Rd, Suite 1000, Plantation, FL 53324 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Stuart Pelcyger Name: 8201 Peters Rd, Suite 1000 Office Address: Plantation (City) 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:		—
Stuart Pelcyger Director:		
8201 Peters Rd. Suite 1000, Plantation, FL 33324		_
Fern Gordon		
8201 Peters Rd. Suite 1000, Plantation, FL 33324		
B. OFFICERS President:		
Address:	70 SE	
Vice President:		
Address:	1	
	0	
Address:		
Treasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to the application I 12. Signature of Director or Of	isting additional officers and/or directors.	
Signature of Director or Of The officer or director signing this document (and who is listed in num are true and that he or she is aware that false information submitted in a a third degree felony as provided for in s.817.155, F.S. Stuart Pelcyger - Director/CFO	ficer ber 11 above) affirms that the facts stated herei a document to the Department of State constitu	in
	signing application)	

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

B. OFFICERS

CFO: Stuart Peleyger

Address: 8201 Peters Rd. Suite 1000, Plantation, FL 33324

CEO: Fern Gordon

Address: 8201 Peters Rd, Suite 1000, Plantation, FL 33324

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "GUARDIAN ANGELS HEALTHCARE, 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 ELEVENTH DAY OF APRIL, A.D.

2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GUARDIAN ANGELS HEALTHCARE, INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF MARCH, A.D. 2019.

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

at condelaware gov/auth

Authentication: 202626882

Date: 04-11-19