

F19600002285

(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



700328151137

2019 MAY 13 PM 12:50
RECEIVED
DEPARTMENT OF STATE
WASHINGTON, DC 20520

FILED

RECEIVED
DEPARTMENT OF STATE
19 MAY 13 PM 4:28

Z BROWN

MAY 14 2019

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.Incserv.com
e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 5/13/2019

PRIORITY Routine

OUR REF # (Order ID#) 742010

ORDER ENTITY

TP-HEALTH INCORPORATED

PLEASE PERFORM THE FOLLOWING SERVICES:

Please file the attached qualification document.

Please provide a certified copy as evidence.

NOTES:

\$78.75 Authorized

Email address for annual report reminders: pasha@pashalaw.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**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. TP-Health Incorporated
(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. Texas 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 02/05/2019 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. 05/13/2019
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 110 S. Gordon St., Alvin, Texas 77511
(Principal office address)

(Current mailing address, if different)

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

Name: Legafine Corporate Services, Inc.

Office Address: 5237 Summerlin Commons, Suite 400

Fort Myers, Florida 33907
(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.

Nancy Juma
(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
MAY 13 PM 12:50
TAMPA, FLORIDA

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

A. DIRECTORS

Chairman: Fahd Rawra, MD

Address: 110 S. Gordon St.

Alvin, TX 77511

Vice Chairman: Stephanie Hernandez, DO

Address: 110 S. Gordon St.

Alvin, TX 77511

Director: Sajjad Zaidi, MD

Address: 110 S. Gordon St.

Alvin, TX 77511

Director: _____

Address: _____

B. OFFICERS

President: Fahd Rawra, MD

Address: 110 S. Gordon St.

Alvin, TX 77511

Vice President: Fahd Rawra, MD

Address: 110 S. Gordon St.

Alvin, TX 77511

Secretary: Fahd Rawra, MD

Address: 110 S. Gordon St. , Alvin, TX 77511

Treasurer: Fahd Rawra, MD

Address: 110 S. Gordon St. , Alvin, TX 77511

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Fahd Rawra

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. Fahd Rawra

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

FILED
200 MAY 13 PM 12:50
CLERK OF DISTRICT COURT
JULIA HASTON

Corporations Section
P.O. Box 13697
Austin, Texas 78711-3697



David Whitley
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for TP-Health, Incorporated (file number 803229330), a Domestic Nonprofit Corporation, was filed in this office on February 05, 2019.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 13, 2019.



A handwritten signature in black ink, appearing to read "David Whitley".

David Whitley
Secretary of State