

F1900000243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

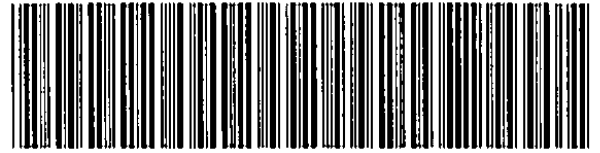
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W19000037047
and Request try to call
Number not collect
I came back wrong person
Given

W19000032214

Office Use Only



400326383104

03/21/19--01014--015 **70.00

FILED
2019 JUN 26 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SCOTT

JUN 26 2019

6/26/19



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 15, 2019

JORGE ACEVEDO
600 FLORIDA AVE.
SUITE:1231
COCOA, FL 32922

SUBJECT: 1ST MEDICAL SOLUTIONS INC.
Ref. Number: W19000037047

We have received your document for 1ST MEDICAL SOLUTIONS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed in #11 of this form.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Yvette Scott
Document Specialist II

Letter Number: 919A00007534

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1s MEDICAL SOLUTIONS INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JORGE ACEVEDO

Name of Person
1ST MEDICAL SOLUTIONS INC
Firm/Company
600 FLORIDA AVE SUITE 1231
Address
COCOA, FL 32922
City/State and Zip code
Jorge.Acevedo@1stmedicalplus.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JORGE ACEVEDO	787	556-9399
Name of Person	at (Area Code)	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

FILED
2019 JUN 26 PM 4:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**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.*

1ST MEDICAL SOLUTIONS INC.

1. _____
(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. STATE OF COLORADO 3. 83-4026592
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/10/2001 5. PERPETUAL
(Date of incorporation) (Date of duration, if other than perpetual)

6. 03/19/2019
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 600 FLORIDA AVE SUITE 1231, COCOA FL 32922
(Principal office address)

(Current mailing address, if different)

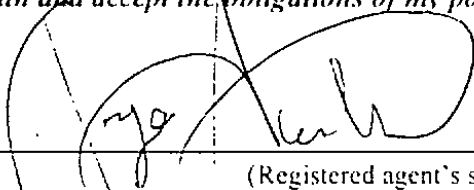
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: VISIONARY FINANCIAL, LLC

Office Address: 1227 S. PATRICK DRIVE SUITE 102
SATELLITE BEACH, Florida 32937
(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.


(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
2019 JUN 26 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Jorge Acevedo

Address: 600 Florida Ave Ste 1231
Cocoa, FL 32923

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

JORGE ACEVEDO

President: 600 FLORIDA AVE STE. 1231

Address: COCOA, FL 32923

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. Jorge Acevedo 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 here 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 § 817.155, F.S.

PRESIDENT JORGE ACEVEDO

13. _____

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

FILED
2019 JUN 26 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

1ST MEDICAL SOLUTIONS, INC.

is a

Corporation

formed or registered on 12/10/2001 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20011232824 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 03/15/2019 that have been posted, and by documents delivered to this office electronically through 03/19/2019 @ 09:04:28 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 03/19/2019 @ 09:04:28 in accordance with applicable law. This certificate is assigned Confirmation Number 11458217 .



Jena Griswold

Secretary of State of the State of Colorado

FILED
20 JUN 26 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*****End of Certificate*****
Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."