# F1900003176

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### **COVER LETTER**

TO: Registration Division of O				
SUBJECT: Midnig	tht Veritas, P.C.		•	
		of corporation	- must include suffix	
Dear Sir or Madam:				
"Certificate of Existe above referenced for	ence," or "Certificate eign corporation to	te of Good Star transact busine	Authorization to Transaction of Transaction and check are subsess in Florida. An original stamped filed conto the following:	mitted to register the inal and one copy
Jacob Beil, Attorney-a	ı-Law			
		Name of	Person	
The Beil Law Firm, P.0	C.			
	,	Firm/Con	npany	
P.O. Box 1126				
	· ·	Addre	288	
Columbus, GA 31902				,
	·	City/State a	nd Zip code	- 22
Jacob@heillaw.com		·	·	2019
Jacob(ta)(territawi.com	E-mail addre	ss: (to be used	for future annual report n	notification) ± = =
For further informati	on concerning this	matter, please o	call:	26 PH
Jacob Beil		at ( 706	) 596-9912	<u> </u>
Name of Per	rson	Area Cod	e Daytime Teleph	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	
Enclosed is a check t	for the following an	nount:		
☐ \$70.00 Filing Fee	S78.75 Fili Certificate		\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status &

## 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.

L. Midnight Verit	tas, P.C., Inc.		•		
(Enter name of "Inc.," "Co.," "	corporation; must include "INCORPORAT Corp," "Inc," "Co," or "Corp.")	ED	D," "COMPANY." "CORPORATION,"		
(If name unavai	lable in Florida, enter alternate corporate n	anse	me adopted for the purpose of transacting business in Florida)		
2. Georgia		3	3. Applied For		
(State or count	try under the law of which it is incorporated	i)	. (FEI number, if applicable)		
4. April 17, 2019		_ 5.	5. Perpetual		
(Dat	e of incorporation)		(Date of duration, if other than perpetual)		
6. <u>Upon Qualifica</u>	tion ·				
, <u>02 / 0.0 / 1010 C</u>	ircle, Florence, SC 29501 (Pr	inci	ncipal office address)		
			·		
	(Current or	iaili	iling address, if different)		
	٠.				
<ol><li>Name and stre</li></ol>	et address of Florida registered agent:	(P.	P.O. Box NOT acceptable)		
Name:	CT Corporation System				
Office Address:	1200 South Pine Island Road		(1) (a) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d		
	Plantation		. Florida 33324		
	(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.

Nathan Giffin, Assistant Secretary (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.

A. DIRECTORS

Chairman: Thomas J. Mezzanotte, M.D.

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

Chairman	Thomas J. Mczzanotte, M.D.	·	
Address:	824 Old Field Circle		
	F1:		
Vice Chai	irman:		
		•	
-			
Director:			
Director:			
B. OFF			
President:	Thomas J. Mezzanotte, M.D.		
	824 Old Field Circle		
	Classes CC 20001		
	ident:		22 2
			20 [7
			(m) (1)
Secretary:	Thomas J. Mezzanotte, M.D.		<u> </u>
	824 Old Field Circle, Florence, SC 29501		
	Thomas J. Mezzanotte, M.D.		
	824 Old Field Circle, Florence, SC 29501		
		,	
	If necessary, you may attach an actiendum to the ap	oplication listing additional office	ers and/or directors.
12	Signature of Dire	ector or Officer	
The office are true a	er or director signing this document (and who is his and that he or she is aware that false information sub-	ted in number 11 above) affirms	that the facts stated herein
third de	gree felony as provided for in s.817.155, F.S.		aronem or state constitutes

13. Thomas J. Mezzanotte, M.D.

Control Number: 19052491

#### STATE OF GEORGIA

#### Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

## Midnight Veritas, P.C. a Domestic Professional Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 17415816 Date Inc/Auth/Filed: 04/17/2019 Jurisdiction : Georgia Print Date : 06/25/2019

Form Number : 211



Brad Raffonsperger

Brad Raffensperger Secretary of State