## F19000003503

(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:				





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2019 JUL 30 Fg 1: 50° . Jackson

JUL 3 1 2019 M. SOLOMON CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195				
REFERENCE : 864158 8261847				
AUTHORIZATION: Spelle man				
COST LIMIT : \$ 70.00				
ORDER DATE : July 29, 2019				
ORDER TIME: 10:58 AM				
ORDER NO. : 864158-005				
CUSTOMER NO: 8261847				
**************************************				
FOREIGN FILINGS				
NAME: MODERN CLINICS INC.				
XXXX QUALIFICATION (TYPE: CO)				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING				

EXAMINER:

CONTACT PERSON: Lydia Cohen -- EXT# 62974

## 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.

lMODER	RN CLINICS INC.			
	orporation; must include "INCORPORATED. orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION."		
	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting	business in Florida)	
2. Delaware	3.			
(State or country	under the law of which it is incorporated)	(FEI number, if appli	(FEI number, if applicable)	
07-25 <b>-</b> 201	19			
(Date of incorporation)		(Date of duration, if other th	an nemetual)	
(15410)	or meorpolation)	(isate of datation, it other the	un perpetuary	
6				
		n Florida, if prior to registration) 502, F.S., to determine penalty liability		
		• • •	)	
7. <u> </u>	1951 NW 7th Ave Suite 600, N	Miami FL 33136		
	(Princi	pal office address)		
	(Current maili	ng address, if different)		
C. Nama and street	address of Florida registered agent: (P.	O Day NOT appartable)	े किया <b>≛</b> 2 किया की इ.स. 19	
o. Name and street	address of Florida registered agent. (P.	O. Box NOT acceptable)	in the second	
Name:	Michael Ragheb	<u></u>		
Office Address:	1951 NW 7th Ave Suite 600			
	Miami	Plorida 33136		
	(City)	, Florida <u>33136</u> (Zip code)		
	(City)	(Ziji 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.

By: (Registered agent 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 Michael Ragheb Chairman: 1951 NW 7th Ave Suite 600, Miami FL 33136 Address: Vice Chairman: Yury Yakubchyk Address: \_\_\_\_1951 NW 7th Ave Suite 600, Miami FL 33136 Address: \_\_\_\_\_ B. OFFICERS President: Michael Ragheb 1951 NW 7th Ave Suite 600, Miami FL 33136 Address: Vice President: Yury Yakubchyk Address: \_\_\_\_\_1951 NW 7th Ave Suite 600, Miami FL 33136 Address: Treasurer: Yury Yakubchyk Address: \_\_ 1951 NW 7th Ave Suite 600, Miami FL 33136 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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.

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

Michael Ragheb, President



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

DELAWARE, DO HEREBY CERTIFY "MODERN CLINICS 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 THIRTIETH DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MODERN CLINICS INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF JULY, A.D. 2019.

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



Authentication: 203311486

Date: 07-30-19

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