

F190000003915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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AUG 23 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 2, 2019

MARSHA SIHA
17350 STATE HWY 249, STE 220
HOUSTON, TX 77064

SUBJECT: DEMETRI ARNAOUTAKIS MD, PC
Ref. Number: W19000069913

We have received your document for DEMETRI ARNAOUTAKIS MD, PC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law does not provide for the recognition of a foreign professional corporation. An acceptable corporate suffix will need to be added to your entity name for this Department to accept and file your document.

On the alternate name line, place the name exactly how it is on the certificate of existence, along with a corporate suffix,

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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

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) 245-6051.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 219A00015820

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DEMETRI ARNAOUTAKIS MD, PC
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:
MARSHA SIHA

Name of Person

Firm/Company

17350 STATE HWY 249 STE 220

Address

HOUSTON TX 77064

City/State and Zip code

EFILE1234@INCFILE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARSHA SIHA

8884623453

at (_____) _____

Name of Person

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

**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. DEMETRI ARNAOUTAKIS MD, PC

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

DEMETRI ARNAOUTAKIS MD, CORPORATION

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
CALIFORNIA 83-2065579

2. 09/17/2018 3. PERPETUAL
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/17/2018 5. PERPETUAL
(Date of incorporation) (Date of duration, if other than perpetual)

6. 201 S LASKY DR BEVERLY HILLS, CA 90212
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 201 S LASKY DR BEVERLY HILLS, CA 90212
(Principal office address)

201 S LASKY DR BEVERLY HILLS, CA 90212
(Current mailing address, if different)

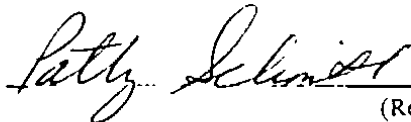
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
LEGALINC CORPORATE SERVICES INC.

Name: 5237 SUMMERLIN COMMONS SUITE 400

Office Address: 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.



(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.

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FILED

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Demetri Arnaoutakis

Director: _____

999 N DOHENY DR APT 711 WEST HOLLYWOOD, CA 90069

Address: _____

Director: _____

Address: _____

B. OFFICERS

DEMETRI ARNAOUTAKIS

President: _____

999 N DOHENY DR APT 711 WEST HOLLYWOOD, CA 90069

Address: _____

Vice President: _____

Address: _____

DEMETRI ARNAOUTAKIS

Secretary: _____

999 N DOHENY DR APT 711 WEST HOLLYWOOD, CA 90069

Address: _____

DEMETRI ARNAOUTAKIS

Treasurer: _____

999 N DOHENY DR APT 711 WEST HOLLYWOOD, CA 90069

Address: _____

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

12. DEMETRI ARNAOUTAKIS

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.

Demetri Arnaoutakis (PRESIDENT)

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

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

DEMETRI ARNAOUTAKIS MD, PC

FILE NUMBER: C4195540
FORMATION DATE: 09/17/2018
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 15, 2019.

ALEX PADILLA
Secretary of State