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| PICK-UP | ☐ WAIT | MAIL | | |
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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 27, 2019

MARY PRADOS 8740 NE 2 AVENUE EL PORTAL, FL 33138

SUBJECT: FACET HEALTH GROUP, INC.

Ref. Number: W19000079166

We have received your document for FACET HEALTH GROUP, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6051.

Brooke N Kinsey Regulatory Specialist II

Letter Number: 119A00017724

RECEIVED SEP 1 2 2019

COVER LETTER

| TO: Registration Sec Division of Corn | | • | | | |
|---|-------------------------------------|-----------------|--|---|-------------|
| SUBJECT: Facet Healt | h Group, Inc. | | | | |
| | | corporation - | - must include suffix | | |
| Dear Sir or Madam: | | | | | |
| The enclosed "Application "Certificate of Existence above referenced foreign | ." or "Certificate o | of Good Stanc | ling" and check are sub | ct Business in Florid mitted to register the | a.`` |
| Please return all correspo | ondence concerning | g this matter (| to the following: | | |
| Mary E Prados | | | | | |
| | | Name of P | erson | | |
| Mary E Prados, CPA | | | | | |
| | | Firm/Comp | any | | |
| 8740 NE 2 Ave | | | | | |
| | | Addres | s | | |
| El Portal, Fl 33138 | | | | | ~1 |
| | | City/State and | d Zip code | | 7019 SEF 12 |
| lillie@mepcpa.net | | | | | SEN |
| | E-mail address; (| (to be used fo | or future annual report r | notification) | - 2 |
| For further information c | oncerning this mal | iter, please ca | ill: | | PH : |
| Mary E Prados | a | 1 (305 | 756-1040 | | t: 0 |
| Name of Person | | Area Code | Daytime Telep | hone Number | £ |
| STREET/COUI Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL | orations Tenter Circle | | MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F | ection orporations 7 | |
| Enclosed is a check for the | ne following amou | nt: | | | |
| ☐ \$70.00 Filing Fee | ☐ \$78.75 Filing: Certificate of | | \$78.75 Filing Fee & Certified Copy | S87.50 Filing F Certificate of S Certified Conv | 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.

| (B) name unavailable in 2. Delaware (State or country unde | r the law of which it is incorporated) orporation) (Date first transacted business | e adopted for the purpose of transacting 8. 84-2205727 (FEI number, if app 6 | olicable) |
|---|--|---|---------------------------------------|
| Delaware (State or country unde June 24, 2019 | r the law of which it is incorporated) orporation) (Date first transacted business | (FEI number, if app | olicable) |
| 2. Delaware (State or country under 4. June 24, 2019 (Date of inc | r the law of which it is incorporated) orporation) (Date first transacted business | (FEI number, if app | olicable) |
| (State or country unde 4. June 24, 2019 (Date of inc | r the law of which it is incorporated) orporation) (Date first transacted business | (FEI number, if app | |
| 4. June 24, 2019 (Date of inc | r the law of which it is incorporated) orporation) (Date first transacted business | (FEI number, if app | |
| | (Date first transacted business | (Date of duration, if other t | than perpetual) |
| | (Date first transacted business | (Date of duration, if other t | than perpetual) |
|). | | | |
| | | la Clasida (Casine to sucistantica) | · |
| | (SEE SECTIONS 607.1501 & 607. | 1502, F.S., to determine penalty liabilit | ty) |
| ,8740 NE 2nd Ave, El Po | | | |
| | (Princ | cipal office address) | |
| 8740 NE 2nd Ave, ELP | | 12 11 20 11 20 | |
| | (Current mai | ling address, if different) | 2 |
| 8. Name and street add | ess of Florida registered agent: (F | O. Box NOT acceptable) | 9193 |
| | ry E Prados, CPA | 1 | Ě |
| | | | 12 |
| Office Address: 874 | U NE 2nd Ave. | <u>.</u> | · PH |
| EU | ortal | , Florida <u>33138</u> | · · · · · · · · · · · · · · · · · · · |
| | (City) | (Zip code) | , 104 |

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 | | | |
|---|------------|-------------|----------|
| Chairman: Raniero J Gimeno | | | |
| Address: 8740 NE 2nd Ave | | | |
| El Ponal, Fl 33138 | _ | · | |
| Vice Chairman: | | | |
| Address: | | | |
| | | | |
| Director: | | | |
| Address: | | | |
| | | | |
| Director: | | | |
| Address: | | | |
| | | | |
| B. OFFICERS | | | |
| President: | | | |
| Address: | <u></u> | | |
| | <u></u> | 2019 | |
| Vice President: | · | SH SH | 7 |
| Address: | | | T.1 |
| | | | Ì |
| Secretary: | <u>(*)</u> | | يۇ ئ |
| Address: | · - | | |
| Treasurer: | | | |
| Address: | | | |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/o | r directo | ors. | |
| 12. Raniero V Signature of Director or Officer 9/5/2019 | . 410 | MC40 1 | Fresiden |
| Signature of Director or Officer 9/5/2019 The officer or director signing this document (and who is listed in number 11 above) affirms that the are true and that he or she is aware that false information submitted in a document to the Department a third degree felony as provided for in s.817.155, F.S. | facts sta | ted herein | |
| 13. | | | |
| (Typed or printed name and capacity of person signing application) | | | |

Page 1



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

DELAWARE, DO HEREBY CERTIFY "FACET HEALTH GROUP, 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 EIGHTH DAY OF JULY, A.D. 2019.

at core delayare soy/auti

Authentication: 203173666

Date: 07-08-19