

F19000004616

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(Address)

(City/State/Zip/Phone #)

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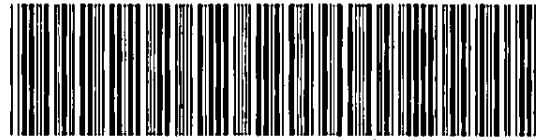
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UNCLASSIFIED - PUBLIC RELEASE

FILED
19 OCT -8 PM 5:55
FBI - NEW YORK

19 OCT -8 PM 5:55

KSP
10/15



2019 OCT -3 PM 2:52

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 25, 2019

LAURA STAUTON
1450 BROADWAY 39 FL
NEW YORK, NY 10018

SUBJECT: SCOPE HEALTH INC.
Ref. Number: W19000086705

We have received your document for SCOPE HEALTH 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 name listed in number one of the application must be identical to the name listed in the certificate of existence.

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: 019A00019870

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SCOPE HEALTH 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:

LAURA STAUNTON

Name of Person

JOHN MURPHY & ASSOCIATES PC

Firm/Company

1450 BROADWAY 39FL

Address

NEW YORK, NY 10018

City/State and Zip code

LARRYDUNNE@SCOPEOPTICALMICS.COM

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

For further information concerning this matter, please call:

ANDREW LILLIS

at (646) 8206899

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. SCOPE HEALTH INC.

(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. NEW YORK

(State or country under the law of which it is incorporated)

3. 36-4910237

(FEI number, if applicable)

4. 09/18/2018

(Date of incorporation)

5.

(Date of duration, if other than perpetual)

6.

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

7. 79 MADISON AVENUE 8TH FLOOR, NEW YORK, NY 10016

(Principal office address)

(Current mailing address, if different)

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

Name: Registered Agents Inc.

Office Address: 7901 4th St N STE 300

St. Petersburg

(City)

, Florida 33702

(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 Agents Inc.

Bill Havre

- 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.

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

A. DIRECTORS

Chairman: TOM FREYNE

Address: 79 MADISON AVENUE 8TH FLOOR, NEW YORK NY 10016

Vice Chairman: _____

Address: _____

Director: LARRY DUNNE

Address: 79 MADISON AVENUE 8TH FLOOR, NEW YORK NY 10016

Director: _____

Address: _____

B. OFFICERS

President: TOM FREYNE

Address: 79 MADISON AVENUE 8TH FLOOR, NEW YORK NY 10016

Vice President: _____

Address: _____

Secretary: TOM FREYNE

Address: 79 MADISON AVENUE 8TH FLOOR, NEW YORK NY 10016

Treasurer: LARRY DUNNE

Address: 79 MADISON AVENUE 8TH FLOOR, NEW YORK NY 10016

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

12. _____

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.

13. LARRY DUNNE FINANCE DIRECTOR / Treasurer

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

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State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of SCOPE HEALTH INC. was filed on 09/18/2018, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 04th day of September two
thousand and nineteen.*

Brendan C. Hughes

Brendan C Hughes
Executive Deputy Secretary of State