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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

FOREIGN PROFIT/NONPROFIT CORPORATION NEIL B. PAULVIN DOCTOR OF OSTEOPATHIC MEDICINE P.C.

Certificate of Status	0
Certified Copy	0
Page Count	04
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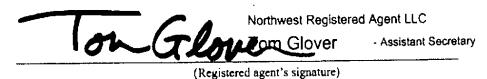
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRAP **BUSINESS IN FLORIDA**

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.

••	(Enter name of co	rporation; must include "INCORP orp," "Inc," "Co," or "Corp.")	ORATED," "CO	OMPANY," "CORPORATION,"		
		IN DOCTOR OF OSTEOPATH				: 1
	(If name unavaila	ble in Florida, enter alternate corp	orate name adopt	ed for the purpose of transacting busine		
,	New York		3		وس جي	202 1 -
		y under the law of which it is incor	porated)	(FEI number, if applicable) <u> </u>	NFEB
4.	9/14/2015		5	<u> </u>		·
	(Date	of incorporation)		(Date of duration, if other than per	Permuy	3 F
6.				-	η <u></u>	<u> </u>
	240 east 39th st	(Date first transacted (SEE SECTIONS 607.15) reey apt 51B. New York NY 10	01 & 607.1502,1	rida, if prior to registration) F.S., to determine penalty liability)	ORION	4: 59
1.	240 0001 0011 01			fice address)		
	7901 4th St N S	TE 300 St. Petersburg FL 3370)2			
		(C	urrent mailing ad	dress, if different)		
	Name and stree Name:	et address of Florida registered Northwest Registered Agent LL 7901 4th St N STE 300		ox <u>NOT</u> acceptable)		
.,		St. Petersburg		, Florida <u>33702</u>		
		(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.



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.

DIREC	CTORS	
airman:		
		
 ce Chairi	nan:	
dress: _		
rector:	Neil Paulvin	
ldress:	7901 4th St N STE 300	2020 FE
;	St. Petersburg FL 33702	,
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	7901 4th St N STE 300	
	St. Petersburg FL 33702	
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ddress:		
	Neil Paulvin	
	7901 4th St N STE 300 St. Petersburg FL 33702	-
	Neil Paulvin	
	7901 4th St N STE 300 St. Petersburg FL 33702	
NOTE:	If necessary, you may attach an addendum to the application listing additional offi-	cers and/or directors.
	Signature of Director or Officer cer or director signing this document (and who is listed in number 11 above) affirm	.) L. C hard

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

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of NEIL B. PAULVIN DOCTOR OF OSTEOPATHIC MEDICINE P.C. was filed on 09/14/2015, 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.

The Biennial Statement is past due.



Witness my hand and the official seul of the Department of State at the Gity of Albany, this 06th day of February two thousand and twenty.

Brendan C. Hughes
Executive Deputy Secretary of State

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