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FLORIDA DEPARTMENT OF STATE Division of Corporations

الانتخاب والانتقاء

February 10, 2020

BEN JAKOB 1314 BEDFORD AVE #107 PIKESVILLE, MD 21208

SUBJECT: BEN JAKOB DC PC Ref. Number: W20000013534

We have received your document for BEN JAKOB DC PC 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 must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6050.

Letter Number: 320A00002963

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org

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.

1Ben	Takob DC P.CORPORATION
(Enter name of co	orporation; must include "INCORPORATED," "COMPANY," "CORPORATION," orp," "Inc," "Co," or "Corp.")
Benj	ok oc ecoreorate name adopted for the purpose of transacting business in Florida)
2. Mary lan	nd, USA 3. 26-15577-67 (under the law of which it is incorporated) (FEI number, if applicable)
· (State or Country	1. 1. 2.007
4. <u>US [0</u>	of incorporation) 5. Perpetual (Date of duration, if other than perpetual)
· ύ.	•
o	(Date first transacted business in Florida, if prior to registration)
	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2945	NE 3 ^{ET} STREET #202 Ocala FL 34470 (Principal office street address)
17	(Principal office street address)
1314 Be	Ford Ave #107 Pikesville MD 21208 (Current mailing address, if different)
8. Name and street	Ben Jakob 2835 NW 41 street #210
Name:	Ben Jakob
	Ben Jakob 2835 NW 41 street #210
Office Address:	the second secon
	Gainesville, Florida 32606 (City) (Zip code)
	(City) (Zip code)
9. Registered age	
•	ed as registered agent and to accept service of process for the above stated corporation at the place application, I hereby accept the appointment as registered agent and agree to act in this capacity. I
further agree to co	omply with the provisions of all statutes relative to the proper and complete performance of my dutie:
and I am Jamiliar	with and accept the obligations of my position as registered agent.
	A /
	(Registered agent's signature)
	(Régistered agent's signature)
10. Attached is a c	ertificate of existence duly authenticated, not more than 90 days prior to delivery of this application to

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

Chairman	Name: Bry Jakob	□Chairman	Name:	
□Vice Chairman	Address: 2370 Sweet Meadow	□Vice Chairman	Address:	
□Director	Address: 2370 Sweet Meadow Parkway Baltmon MD	Director	·	
President	21209	□President		
□Vice President		□Vice President		
☐ Secretary	Treasurer	□Secretary		□Treasurer
□Other	[]Other	□Other	<u>.</u>	[]Other
□Chairman	Name:	□Chaim:an	Name:	
□Vice Chairman	Address:	□ Vice Chairman	Address:	
Director		□Director		
□President		☐ President		
□Vice President		□Vice President		*****
☐Secretary	□Treasurer	□ Secretary		☐Treasurer
Other	Other	Other		□Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	Treasurer	☐ Secretary		Treasurer
Other	□ Other	Other		□Other
individuals may be	Use an attachment to report more than six (6). The a eadded to the index when filing your Florida Depart	ment of State Annual R	eport form.	
12.	By Signature of Director	r or Officer		
The officer or dire	ctor signing this document (and who is listed in num alse information submitted in a document to the Dep	iber 11 above) affirms t	hat the facts stat	ed herein are true and

STATE OF MARYLAND Department of Assessments and Taxation

I. MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HERBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE. IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE. AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT BEN JAKOB, D.C., P.C. (D12042487), INCORPORATED MAY 04, 2007, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JANUARY 23, 2020.

Michael L. Higgs Director

301 West Preston Street, Baltimore, Maryland 21201
Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice