

F20000000949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

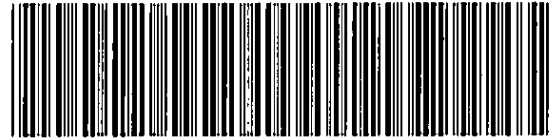
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Matrix Quality Care, 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:

Mark Roach

Name of Person

Matrix Quality Care, Inc.

Firm/Company

19 British American Blvd W Ste 3

Address

Latham NY 12110

City/State and Zip code

mroach@arayarx.com

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

For further information concerning this matter, please call:

Mark Roach

Name of Person

at (518) 389-2945

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. Matrix Quality Care, 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 3. 13-3848923
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 6/27/1995 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. 1/22/2020
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 19 British American Blvd W Ste 3 Latham NY 12110
(Principal office address)
- PO Box 460 Latham NY 12110
(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, Florida 33702
(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 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.

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

A. DIRECTORS

Chairman: Patrick McLaughlin

Address: 7901 4th St N STE 300

St. Petersburg FL 33702

Vice Chairman: John Navarra

Address: 7901 4th St N STE 300

St. Petersburg FL 33702

Director: Mark Cieslinski

Address: 7901 4th St N STE 300

St. Petersburg FL 33702

Director: Mark Roach

Address: 7901 4th St N STE 300

St. Petersburg FL 33702

B. OFFICERS

President: Patrick McLaughlin

Address: 7901 4th St N STE 300

St. Petersburg FL 33702

Vice President: _____

Address: _____

Secretary: Mark Cieslinski

Address: 7901 4th St N STE 300 St. Petersburg FL 33702

Treasurer: Mark Roach

Address: 7901 4th St N STE 300 St. Petersburg FL 33702

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. Mark Roach, Treasurer

(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 MATRIX QUALITY CARE, INC. was filed on 06/27/1995, 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 14th day of January
two thousand and twenty.*

Brendan C. Hughes

Brendan C. Hughes
Executive Deputy Secretary of State