# F200000384

(Requestor's Name)			
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THE LANASSEE, FLO

7/24/20

## simply legal

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL, 32314 Attn: Yvette Scott

č

August 13th, 2020

Re: Medavations, Inc, Ref. No. W20000079801, Letter No. 620A000140135

Dear Ms. Scott,

We are in receipt of your letter dated July 26th, 2020 in regards to the returned filing for the above mentioned entity and reference number. Enclosed please find a duly authenticated Certificate of Existence provided by the Secretary of State of the State of Georgia dated August 10th, 2020. The provided Certificate shall now fulfill the necessary documentation required to process the application for Authority to Transact Business.

Should you have any questions or need additional information please do not hesitate to contact me.

Regards,

KRISTINA E. WILSON, ESQ.

Encl. KEW/mp

RECENTED AND 21 WITH



July 26, 2020

MARIA JOSE GRANADOS-GODOY, ESQ. 1200 BRICKELL AVENUE #850 MIAMI, FL 33131

SUBJECT: MEDAVATIONS, INC. Ref. Number: W20000079801

We have received your document for MEDAVATIONS, 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Yvette Scott Document Specialist II

Letter Number: 620A00014013

RECEIVED

## **COVER LETTER**

~	stration Section sion of Corporations			
SUBJECT:	MEDAVATIONS, INC.			
501,11201		of corporation	- must include suffix	
Dear Sir or N	Madam:			
"Certificate of above referen	I "Application by Foreign Co of Existence," or "Certificate need foreign corporation to the	of Good Stand ansact busines	ling" and check are submit s in Florida.	ted to register the
	rall correspondence concerni ranados-Godoy, Esq	ng uns matter	to the following.	10 2 III
		Name of P	Person	III
Simply Legal	LLP	,		PH 2:01
		Firm/Comp	oany	- Ref. 0
1200 Brickell	Avenue, #850			72
_		Addre	SS	
Miami, FL 33	3131			
		City/State an	id Zip code	
mj@simplyle	galgroup.com			
	E-mail address	: (to be used fo	or future annual report noti	fication)
For further i	nformation concerning this m	atter, please ca	ill:	
Maria Jose Granados-Godoy, Esq 305 858-6208 at ( )		858-6208		
Nar	me of Person	Area Code	Daytime Telephor	ne Number
Reg Divi The 241:	REET/COURIER ADDRESS istration Section Ision of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810 ahassee, FL 32303		MAILING ADI Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion orations
Enclosed is a Please make o □ \$70.00 Fi	a check for the following amorpheck payable to: FLORIDA DI illing Fee	EPARTMENT g Fee & □		☐ \$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.

	orporation; must include "INCORPORATED," orp.," "Inc.," "Co," or "Corp.")	"COMPANY." "CORPORATIO	",ИС
If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transact	ing business in Florida)
Georgia	3.		
(State or countr	y under the law of which it is incorporated)	it is incorporated) (FEI number, if applicable)	
03/12/2010	5.		2
(Date	of incorporation) 5.	(Date of duration, if othe	
04/27/2020			E T
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration)	2 F
	(SEE SECTIONS 607.1301 & 607.130	02, 14.5., to determine penalty had	
		e <u>street</u> address)	1 2: 01
<u></u>	(Current mailing	g address, if different)	·
Name and stree	et address of Florida registered agent: (P.O	. Box <u>NOT</u> acceptable)	
Name:	Simply Legal, LLP	····	
fice Address:	1200 Brickell Avenue, #850	<u></u>	
	Miami	, Florida 33131 (Zip code)	
	(City)	(Zin code)	

(Registered agent's signature)

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.

further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties,

A. DIRECTO: 3			
□Chairman	Name:	□Chairman	Name: Judy Francis
□Vice Chairman	Address:	□Vice Chairman	Address: 500 OCONEE CIRCLE
□Director	EVANS, GA. 30809, USA	□Director	EVANS, GA, 30809, USA
President		□President	
□ Vice President		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
□ Other	□ Other	■Other Authorize	UOther
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address: 71 22 Fil : 78
□Director		□Director	A A A A A A A A A A A A A A A A A A A
□President		□President	<u> </u>
□Vice President		□Vice President	TEST 2
Secretary	□Treasurer	Secretary	DETERMINED
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 attace added to the index when filing your Florida Department	ent of State Annual R	ed for reporting purposes only. Non-indexed eport form.
	Signature of Director of	of Officer	
The officer or dire she is aware that f s.817.155, F.S.  Bryan Lugo	ector signing this document (and who is listed in numberalse information submitted in a document to the Depart	ment of State constit	utes a third degree felony as provided for in

Control Number: 10019085

### STATE OF GEORGIA

**Secretary of State** 

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

MEDAVATIONS, INC. a Domestic Profit Corporation

was formed in the jurisdiction stated below or was-authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application, for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official-Code-of-Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 19493967 Date Inc/Auth/Filed: 03/12/2010

Jurisdiction : Georgia
Print Date : 08/10/2020

Form Number : 211



Brad Raffensperger