

Fd100000 4/256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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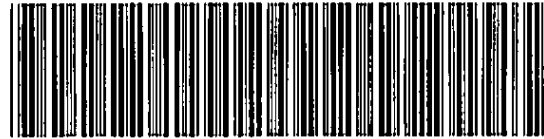
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

TL 8/24/21

10856

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Charytin Maresco Adult Health Nurse Practitioner PC
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:
Charytin Maresco

Name of Person

Charytin Maresco Adult Health Nurse Practitioner PC

Firm/Company

3246 NE Catamaran Terr

Address

Jensen Beach FL 34957

City/State and Zip code

chmaresco@gmail.com

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

For further information concerning this matter, please call:

Charytin Maresco

516

5477797

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 13, 2021

CHARYTIN MARESCO
3246 NE CATAMARAN TERR
JENSEN BEACH, FL 34957

SUBJECT: CHARYTIN MARESCO ADULT HEALTH NURSE PRACTITIONER
P.C.
Ref. Number: W21000099804

We have received your document for CHARYTIN MARESCO ADULT HEALTH NURSE PRACTITIONER P.C. and your check(s) totaling \$87.50. 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 either type a or write the information to where it can be read.,

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 721A00016032

RECEIVED
AUG 23 2021

**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.

Charytin Maresco Adult Health Nurse Practitioner PC

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Charytin Maresco Adult Health Nurse Practitioner PC, Inc

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York 3. 84-2616048
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 08/1/2019 5. _____
(Date of incorporation) (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. ~~3246 NE Catamaran Terr Jensen Beach FL 34957~~ 400 SE Osceola St Suite 2
(Principal office street address) Stuart, FL 34994
- 3246 NE Catamaran Terr Jensen Beach FL 34957
(Current mailing address, if different)

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

Name: Charytin Maresco

Office Address: 3246 NE Catamaran Terr 400 SE Osceola St Suite
Jensen Beach Stuart 34957 34994
(City) (Zip code)

FILED
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CLERK OF THE STATE
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

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.

Charytin Maresco

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

A. DIRECTORS

<input type="checkbox"/> Chairman	Name: <u>Charytin Maresco</u>	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: <u>3246 NE Catalamaran Terr Jensen Beach FL 34957</u>	<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	_____	<input type="checkbox"/> Director	_____
<input checked="" type="checkbox"/> President	_____ <u>Stuart, FL 34994</u>	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Chairman	Name: _____	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: _____	<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	_____	<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Chairman	Name: _____	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: _____	<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	_____	<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Charytin Maresco
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. Charytin Maresco
(Typed or printed name and capacity of person signing application)

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROSSANA ROSADO, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	CHARYTIN MARESCO ADULT HEALTH NURSE PRACTITIONER P.C.
DOS ID Number:	5597292
Entity Type:	DOMESTIC PROFESSIONAL SERVICE CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	08/01/2019
Statement Status:	CURRENT
Statement Due Date:	08/31/2021

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type:	CERTIFICATE OF INCORPORATION
Date of Filing:	08/01/2019
Entity Name:	CHARYTIN MARESCO ADULT HEALTH NURSE PRACTITIONER P.C.

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department
of State, at the City of Albany, on June 28, 2021 at
03:29 P.M.



ROSSANA ROSADO, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State