

F21000005895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000371766740

09/18/21--01020--013 **70.00

FILED

21 OCT -4 AM 8:59

11/18/21 11:00AM

ed-1511

TL 10/18/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COMMUNITY HEALTH MARKETING, 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:

EILEEN CHIN

Name of Person

COMMUNITY HEALTH MARKETING

Firm/Company

501 East Kennedy Boulevard

Address

Tampa, FL 33602

City/State and Zip code

FINANCE@CHMAGENCY.COM

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

For further information concerning this matter, please call:

RON STARR

at (**646**)

755-3829

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

September 13, 2021

EILEEN CHIN 2ND MAILING
369 LEXINGTON AVE 24TH FL
NEW YORK, NY 10017

SUBJECT: COMMUNITY HEALTH MARKETING, INC.
Ref. Number: W21000115122

We have received your document for COMMUNITY HEALTH MARKETING, INC. and your check(s) totaling \$70.00. 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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 021A00020042

RECEIVED
OCT 04 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.

1. COMMUNITY HEALTH MARKETING, INC.

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

CHM, INC

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

2. NEW YORK

(State or country under the law of which it is incorporated)

3.

84-4136844

(FEI number, if applicable)

4. 01/03/2020

(Date of incorporation)

5.

(Date of duration, if other than perpetual)

6. 03/01/2021

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 501 East Kennedy Boulevard, Tampa, FL 33602

(Principal office street address)

369 LEXINGTON AVE 24TH FL, NEW YORK, NY 10017

(Current mailing address, if different)

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

Name: EILEEN CHIN

Office Address: 501 East Kennedy Boulevard

Tampa

(City)

Florida

33602

(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 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, not total)

FILED
21 OCT -4 AM 8:59
DEPT. OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

☒ Chairman Name: EILEEN CHIN
☐ Vice Chairman Address: 501 East Kennedy Boulevard
☒ Director Tampa, FL 33602
☒ President _____
☐ Vice President _____
☒ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

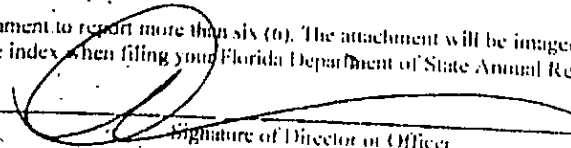
☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ 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.  _____
 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. EILEEN CHIN

(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: COMMUNITY HEALTH MARKETING, INC.
DOS ID Number: 5681188
Entity Type: DOMESTIC BUSINESS CORPORATION
Entity Status: EXISTING
Date of Initial Filing with DOS: 01/03/2020

Statement Status: CURRENT
Statement Due Date: 01/31/2022

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 September 24, 2021 at 02:45 P.M.

ROSSANA ROSADO, Secretary of State

By Brendan C. Hughes
Executive Deputy Secretary of State