

F22000000 309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

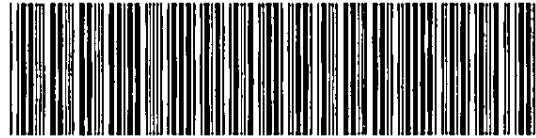
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000378821800

01/11/22--01032--016 **70.00

FILED
2022 JAN 11 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Epiq MD, 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:

Madeline Gibson Ladner

Name of Person

Epiq MD, Inc.

Firm/Company

7950 Legacy Dr STE 400

Address

Plano, TX. 75024

City/State and Zip code

madeline.gibson@epiqmd.com

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

For further information concerning this matter, please call:

N/A

Name of Person

at (_____) _____
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

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

Epiq MD
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Nevada 3. 85-3803937
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/23/2020 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. n/a
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 401 Ryland St STE 200A Reno, NV 89502
(Principal office street address)

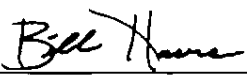
7950 Legacy Dr. Plano Tx 75024
(Current mailing address, if different)

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
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 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]:

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2022 JAN 11 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

☐ Chairman Name: Jacob Cohen
☐ Vice Chairman Address: 7950 Legacy Dr
☒ Director Plano TX, 75024
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Verdie Bowen
☐ Vice Chairman Address: 7950 Legacy Dr
☐ Director Plano TX 75024
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other _____ ☐ Other _____

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

☐ Chairman Name: Alejandro Rodriguez
☐ Vice Chairman Address: 7950 Legacy Dr
☐ Director Plano TX, 75024
☐ 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. Jacob Cohen
 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. Jacob Cohen
 (Typed or printed name and capacity of person signing application)

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State



OFFICE OF THE
SECRETARY OF STATE

KIMBERLEY PERONDI
*Deputy Secretary for
Commercial Recordings*

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Certified Copy

12/13/2021 10:07:13 AM

Work Order W2021121300552 - 1775315
Number:
Reference Number: 20211954017
Through Date: 12/13/2021 10:07:13 AM
Corporate Name: Epiq MD, Inc.

The undersigned filing officer hereby certifies that the attached copies are true and exact copies of all requested statements and related subsequent documentation filed with the Secretary of State's Office, Commercial Recordings Division listed on the attached report.

Document Number	Description	Number of Pages
20200998095	Articles of Incorporation-For-Profit - 10/23/2020	3



Certified By: Electronically Certified
Certificate Number: B202112132228196
You may verify this certificate
online at <http://www.nvsos.gov>

Respectfully,

A handwritten signature in black ink that reads "Barbara K. Cegavske".

BARBARA K. CEGAVSKE
Nevada Secretary of State



DANBARA R. CECUMORE
Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov
www.nvsilverflume.gov

Filed in the Office of <i>Danbara R. Cecumore</i>	Business Number E9980962020-3
Secretary of State State Of Nevada	Filing Number 20200998095
	Filed On 10/23/2020 14:54:07 PM
	Number of Pages 3

Formation - Profit Corporation

☒ NRS 78 - Articles of Incorporation Profit Corporation ☐ NRS 80 - Foreign Corporation ☐ NRS 89 - Articles of Incorporation Professional Corporation

☐ 78A Formation - Close Corporation

(Name of closed corporation MUST appear in the below heading)

Articles of Formation of _____ a close corporation (NRS 78A)

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGH LIGHT

1. Name of Entity: (If foreign, name in home jurisdiction)	Epiq MD, Inc.		
2. Registered Agent for Service of Process: (Check only one box)	☐ Commercial Registered Agent (name only below) ☒ Noncommercial Registered Agent (name and address below) ☐ Office or position with Entity (title and address below) NEVADA REGISTERED AGENT LLC Name of Registered Agent OR Title of Office or Position with Entity 401 RYLAND ST, STE 200A Reno Nevada 89502 Street Address City Zip Code Mailing Address (If different from street address) City Nevada Zip Code		
2a. Certificate of Acceptance of Appointment of Registered Agent:	I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form. X _____ Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date		
3. Governing Board: (NRS 78A, close corporation only, check one box; if yes, complete article 4 below)	This corporation is a close corporation operating with a board of directors ☐ Yes <u>OR</u> ☒ No		
4. Names and Addresses of the Board of Directors/ Trustees or Stockholders (NRS 78: Board of Directors/ Trustees is required. NRS 78a: Required if the Close Corporation is governed by a board of directors. NRS 89: Required to have the Original stockholders and directors. A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing. See instructions)	1) <u>Jacob Cohen</u> Name 3990 Vitruvian Way Suite 1152 Addison TX 75001 Address City State Zip Code 2) <u>Alex Rodriguez</u> Name 3990 Vitruvian Way Suite 1152 Addison TX 75001 Address City State Zip Code		
5. Jurisdiction of Incorporation: (NRS 80 only)	5a. Jurisdiction of incorporation: 5b. I declare this entity is in good standing in the jurisdiction of its incorporation. ☐		



BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov
www.nvsilverflume.gov

Formation - profit Corporation

Continued, Page 2

6. Benefit Corporation: (For NRS 78, NRS 78A, and NRS 89, optional. See instructions.)	By selecting "Yes" you are indicating that the corporation is organized as a benefit corporation pursuant to NRS Chapter 78B with a purpose of creating a general or specific public benefit. The purpose for which the benefit corporation is created must be disclosed in the below purpose field. Yes ☐								
7. Purpose/Profession to be practiced: (Required for NRS 80, NRS 89 and any entity selecting Benefit Corporation. See instructions.)									
8. Authorized Shares: (Number of shares corporation is authorized to issue)	<table style="width: 100%;"> <tr> <td>Number of common shares with Par value: 10000000.0</td> <td style="text-align: right;">Par value: \$.0001</td> </tr> <tr> <td>Number of preferred shares with Par value: 1000000.0</td> <td style="text-align: right;">Par value: \$.0001</td> </tr> <tr> <td>Number of shares with no par value: 0</td> <td></td> </tr> </table> If more than one class or series of stock is authorized, please attach the information on an additional sheet of paper.	Number of common shares with Par value: 10000000.0	Par value: \$.0001	Number of preferred shares with Par value: 1000000.0	Par value: \$.0001	Number of shares with no par value: 0			
Number of common shares with Par value: 10000000.0	Par value: \$.0001								
Number of preferred shares with Par value: 1000000.0	Par value: \$.0001								
Number of shares with no par value: 0									
9. Name and Signature of: Officer making the statement or Authorized Signer for NRS 80. Name, Address and Signature of the Incorporator for NRS 78, 78A, and 89. NRS 89 - Each Organizer/Incorporator must be a licensed professional.	I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State. <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">Jacob Cohen</td> <td style="border: 1px solid black; padding: 2px;">United States</td> </tr> <tr> <td style="font-size: small;">Name</td> <td style="font-size: small;">Country</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">3990 Vitruvian Way, Suite 1152</td> <td style="border: 1px solid black; padding: 2px;">Addison TX 75001</td> </tr> <tr> <td style="font-size: small;">Address</td> <td style="font-size: small;">City State Zip/Postal Code</td> </tr> </table> X Jacob Cohen (attach additional page if necessary)	Jacob Cohen	United States	Name	Country	3990 Vitruvian Way, Suite 1152	Addison TX 75001	Address	City State Zip/Postal Code
Jacob Cohen	United States								
Name	Country								
3990 Vitruvian Way, Suite 1152	Addison TX 75001								
Address	City State Zip/Postal Code								

AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FILING

Please include any required or optional information in space below:

(attach additional page(s) if necessary)



BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov

Filed in the Office of <i>Barbara K. Cegavske</i>	Business Number E9980962020-3
Secretary of State State Of Nevada	Filing Number 20200998095
	Filed On 10/23/2020 14:54:07 PM
	Number of Pages 3

Registered Agent Acceptance/Statement of Change

(PURSUANT TO NRS 77.310, 77.340, 77.350, 77.380)

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

1. Entity information:	Name of represented entity: EPIQ MD, Inc. Entity or Nevada Business Identification Number (NVID): (for entities currently on file)																					
2. Registered Agent Acceptance:	☐ Registered Agent Acceptance																					
3. Information Being Changed:	Statement of Change takes the following effect: (select only one) ☐ Appoints New Agent (complete section 5) ☐ Update Represented Entity Acting as Registered Agent (complete sections 5) ☐ Update Registered Agent Name (complete sections 4 & 5) ☐ Update Registered Agent Address (complete sections 4 & 5)																					
4. Registered Agent Information Before the Change: (Non-commercial registered agents ONLY)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Name of Registered Agent OR Title of Office or Position with Entity</td> <td style="text-align: right;">Nevada</td> </tr> <tr> <td>Street Address</td> <td>City</td> <td style="text-align: right;">Zip Code</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: right;">Nevada</td> </tr> <tr> <td>Mailing Address (if different from street address)</td> <td>City</td> <td style="text-align: right;">Zip Code</td> </tr> </table>	Name of Registered Agent OR Title of Office or Position with Entity		Nevada	Street Address	City	Zip Code			Nevada	Mailing Address (if different from street address)	City	Zip Code									
Name of Registered Agent OR Title of Office or Position with Entity		Nevada																				
Street Address	City	Zip Code																				
		Nevada																				
Mailing Address (if different from street address)	City	Zip Code																				
5. Newly Appointed Registered Agent or Registered Agent Information After the Change:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>☐ Commercial Registered Agent:(name only below)</td> <td>☐ Noncommercial Registered Agent (name and address below)</td> <td>☐ Office or Position with Entity (title or position and address below)</td> </tr> <tr> <td colspan="3">Registered Agents Inc.</td> </tr> <tr> <td colspan="2">Name of Registered Agent OR Title of Office or Position within Entity</td> <td></td> </tr> <tr> <td>401 Ryland St. STE 200-A</td> <td>Reno</td> <td style="text-align: right;">Nevada 89502</td> </tr> <tr> <td>Street Address</td> <td>City</td> <td style="text-align: right;">Zip Code</td> </tr> <tr> <td>401 Ryland St. STE 200-A</td> <td>Reno</td> <td style="text-align: right;">Nevada 89502</td> </tr> <tr> <td>Mailing Address (if different from street address)</td> <td>City</td> <td style="text-align: right;">Zip Code</td> </tr> </table>	☐ Commercial Registered Agent:(name only below)	☐ Noncommercial Registered Agent (name and address below)	☐ Office or Position with Entity (title or position and address below)	Registered Agents Inc.			Name of Registered Agent OR Title of Office or Position within Entity			401 Ryland St. STE 200-A	Reno	Nevada 89502	Street Address	City	Zip Code	401 Ryland St. STE 200-A	Reno	Nevada 89502	Mailing Address (if different from street address)	City	Zip Code
☐ Commercial Registered Agent:(name only below)	☐ Noncommercial Registered Agent (name and address below)	☐ Office or Position with Entity (title or position and address below)																				
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Street Address	City	Zip Code																				
401 Ryland St. STE 200-A	Reno	Nevada 89502																				
Mailing Address (if different from street address)	City	Zip Code																				
6. Electronic Notification: (Optional)	Email address for electronic notifications for "Non-Commercial" or "Office or Positions with Entity" registered agents only:																					
7. Certificate of Acceptance of Appointment of Registered Agent: (Required)	<i>I hereby accept appointment as Registered Agent for the above named Entity.</i> X <u><i>Barbara K. Cegavske</i></u> 10/23/2020 Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date																					
8. Signature of Represented Entity: (Required)	X _____ Authorized Signature On Behalf of the Entity Date																					

FEE: \$60.00

This form must be accompanied by appropriate fees.

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Epiq MD, Inc.**, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 10/23/2020, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 12/22/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202112222250502

You may verify this certificate
online at <http://www.nvsos.gov>