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| (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: | | | | | | | |
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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------|
| SURI | ECT: MD All Service Solutions, Inc | | | |
| 5010 | | Corporation - r | must include suffix | |
| Dear S | ir or Madam: | | | |
| "Certi | iclosed "Application by Foreign Corficate of Existence," or "Certificate of referenced foreign corporation to tra | of Good Standir | ig" and check are submit | |
| Please | return all correspondence concernin | g this matter to | the following: | |
| Gilda | Mitat-Del Valle | | | |
| | | Name of Per | rson | |
| MD A | ll Service Solutions, Inc. | | | |
| | | Firm/Compa | ny | _ |
| 1000 V | Vest 53rd Terrace | | | |
| | | Address | | · |
| Hialea | h, Fl 33012 | | | |
| | | City/State and | Zip code | |
| ginitat | @mdservice.solutions | | | |
| | E-mail address: | (to be used for | future annual report noti | fication) |
| For fu | rther information concerning this ma | tter, please call | : | |
| Gilda | Mitat-Del Valle | at (305) 431-9530 Area Code Daytime Telephone Number | | |
| - | Name of Person | Area Code | Daytime Telephon | e 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 | |
| Please | red is a check for the following amounake check payable to: FLORIDA DE 0.00 Filing Fee S78.75 Filing Certificate of | PARTMENT O Fee & □ S | F STATE 78.75 Filing Fee & Dertified Copy | \$87.50 Filing Fee, Certificate of Status & |

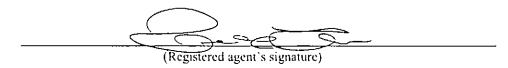
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

| MD All Service | Solutions, Inc. | | | | |
|--------------------------|----------------------------------------------------------------------|-----------------|---------------------------------------------|------------------------------|--|
| | orporation: must include "INCORPORATE orp," "Inc," "Co." or "Corp.") | D," "(| COMPANY," "CORPORA | TION," | |
| (If name unavaila | able in Florida, enter alternate corporate nar | ne ado | pted for the purpose of trans | sacting business in Florida) | |
| Texas | | | 81-5278690 | | |
| (State or countr | (State or country under the law of which it is incorporated | | (FEI number, if applicable) | | |
| 4 | | 5 | | | |
| (Date | (Date of incorporation) | | (Date of duration, if other than perpetual) | | |
| 6. <u>N/A</u> | <u> </u> | | | | |
| | (Date first transacted busines (SEE SECTIONS 607.1501 & 607 | | | | |
| 7. 1000 West 53rd T | Terrace Hialeah, FL 33012 | | | <u>-</u> | |
| | • | office <u>s</u> | treet address) | يسا | |
| 9827 Turquoise p | olace San Antonio, TX 78254 | | | | |
| 9 Name and street | | | Idress, if different) | | |
| 6. Name and <u>stree</u> | t address of Florida registered agent: (I | ъ. | ox <u>ivo i</u> acceptable) | 2 | |
| Name: | Vanessa Mitat-Del Valle | | - | 700 0 | |
| Office Address: | 1000 West 53rd Terrace | <u> </u> | _ | PH 2: 32 | |
| | Hialeah | | , Florida 33012 | | |
| | (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.



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.

A. DIRECTORS Gilda Mitat-Del Valle □ Chairman □Chairman Name: _____ 9827 Turquoise Place □Vice Chairman Address: □Vice Chairman Address: San Antonio, TX 78254 Director □ Director President □ President □Vice President □Vice President □ Secretary ☐Treasurer ☐ Secretary □Treasurer □Other _____ □Other _____ □Other □Other _____ □ Chairman Name: _____ □ Chairman Name: Address: _____ □Vice Chairman ☐ Vice Chairman Address: □ Director □ Director □President □ President □Vice President □Vice President □ Secretary □Treasurer □ Secretary ☐ Treasurer □Other _____ □Other □Other _____ □Other _____ □Chairman Name: _____ □ Chairman Name: □Vice Chairman Address: Address: □ Vice Chairman □ Director Director □President ☐ President □Vice President □Vice President ☐Secretary □Treasurer ☐ Secretary □Treasurer □Other ____ □Other _____ 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. 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

(Typed or printed name and capacity of person signing application)

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for MD All Service Solutions, Incorporated (file number 802665269), a Domestic For-Profit Corporation, was filed in this office on February 27, 2017.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 28, 2022.



John B. Scott Secretary of State

(512) 463-5709 Dial: 7-1-1 for Relay Services TID: 10264 Document: 1144036490002