

8/23/24, 1:05 PM

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP
Account Number : I20040000031
Phone : (800)906-9220
Fax Number : (800)906-9880

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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2024 AUG 23 PM 2:00

DIVISION OF CORPORATIONS
STATE

FOREIGN PROFIT/NONPROFIT CORPORATION MERIHEALTH ASSIST CORP.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

FILED
2024 AUG 23 PM 3:29

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

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

2. NEW YORK 3.
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/08/2022 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. 135 STRATFORD DRIVE, POUGHKEEPSIE, NY 12603
(Principal office street address)

(Current mailing address, if different)

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

Name: Registered Agent Solutions, Inc.

Office Address: 2894 Remington Green Ln, Ste. A

Tallahassee, Florida 32308
(City) (Zip code)

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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.

AVI WEISS, ASSISTANT SECRETARY

(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

Chairman Name: Nyree Heard
 Vice Chairman Address: 135 STRATFORD DRIVE
 Director POUGHKEEPSIE, NY 12603
 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. /S/ Nyree Heard

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. Nyree Heard, PRESIDENT

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

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, 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: MERIHEALTH ASSIST CORP.
 DOS ID Number: 6453677
 Entity Type: DOMESTIC BUSINESS CORPORATION
 Entity Status: EXISTING
 Date of Initial Filing with DOS: 04/08/2022
 Statement Status: CURRENT
 Statement Due Date: 04/30/2026

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: 04/08/2022
 Entity Name: MERIHEALTH ASSIST CORP.

Document Type: BIENNIAL STATEMENT
 Date of Filing: 08/07/2024

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 August 23, 2024 at 01:02 P.M.



WALTER T. MOSLEY
Secretary of State

A handwritten signature in black ink that reads "Brendan C. Hughes".

BRENDAN C. HUGHES
Executive Deputy Secretary of State

Authentication Number: 100006469251 To Verify the authenticity of this document you may access the
Division of Corporation's Document Authentication Website at <http://secorp.dqs.ny.gov>