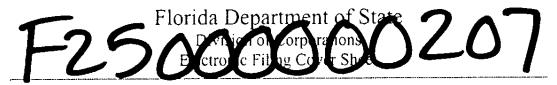
1/10/25, 10:13 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000012013 3)))



H2500001201334BCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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

Email Address: sasha@metabolikhealth.com

## FOREIGN PROFIT/NONPROFIT CORPORATION

Metabolic Health Medical Services, P.C., Inc.

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

Electronic Filing Menu

Corporate Filing Menu

Help

JAN 1 1 2025

K. Brumbley

1/1

# 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.		Ith Medical Services, P.C., Inc.				
		orporation; must include "INCORPO orp," "Inc." "Co." or "Corp.")	RATED,"	"СОМРАНҮ.	" "CORPORATION."	
	purpose of transacting business in Florida)					
2.	New York		3	93-245661	7	
۷.	(State or country	y under the law of which it is incorpo	rated)		(FEI number, if applicable)	
	07/18/2023					
₹.	(Date of incorporation)			(Date	of duration, if other than perpetual)	
6.						
Ņ.		(Date first transacted b (SEE SECTIONS 607.1501				
7	70 Greene St., Sui	ite 4504, Jersey City, NJ, 07302				
۲۰.			cipal offic	e <u>street</u> addres	5)	
	-	(Curre	nt mailing	g address, if diff	ferent)	
8.	Name and stree	t address of Florida registered age	nt: (P.O	. Box <u>NOT</u> ac	cceptable)	
	Name:	C T Corporation System				
റ	ffice Address:	1200 South Pine Island Road				
•	11100 / 111010001	Plantation		FL.	33324	
		(City)	<u></u>	<del></del> •	(Zip code)	
H de fu	aving been nam esignated in this orther agree to co	application, I hereby accept the a	ippointm tatutes re	ent as register lative to the p	for the above stated corporation at the place red agent and agree to act in this capacity. In a complete performance of my dutivered agent.	
		C T Corporation System  By:  (Registered a	dira agent's sig	Kepner (nature)	Sara Kepner, Assistant Secretary	

<sup>10.</sup> 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.

<sup>11.</sup> For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

To: Pege: 4 of 5 2025-01-10 09:19:17 CST 16144554862 From: James Tanks

Ą, DIRECTORS								
□ Chairman	Name: Sasha Y. De Jesus	□Chairman	Name:					
□Vice Chairman	70 Greene St., Suite 4504 Address:	□Vice Chairman	Address:					
□Director	Jersey City, NJ, 07302	□Director						
<b>■</b> President		□President		<del>_</del>				
□Viec President		□Vice President						
□ Secretary	Treasurer	□Secretary		□Treasurer				
□Other	Other	□Other		Other				
□Chairman	Name:	□ Chairman	Name:	#.IL.W.				
□Vice Chairman	Address:	□Vice Chairman	Address:					
Director		Director						
□President		□President						
□Vice President		□Vice President						
Secretary	☐ Treasurer	Secretary		□Treasurer				
Other	Other	□Other		□Other				
□Chairman	Name:	□Chairman	Name:					
	Address:							
Director		□Director						
□President		□President		-				
□Vice President		□Vice President						
Secretary	☐ Treasurer	☐ Secretary		□Treasurer				
□Other		Other		□Other				
	Jse an attachment to report more than six (6). The attac added to the index when filing your Florida Departmen			poses only. Non-indexed				
14.	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 of she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$817,155, F.S.								

13: Sasha Y. De Jesus. 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: METABOLIC HEALTH MEDICAL SERVICES, P.C.

DOS ID Number: 6939248

Entity Type: DOMESTIC PROFESSIONAL SERVICE CORPORATION

Entity Status: EXISTING
Date of Initial Filing with DOS: 07/18/2023

Statement Status: CURRENT Statement Due Date: 07/31/2025

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 December 27, 2024 at 12:16 P.M.

WALTER T. MOSLEY Secretary of State

Brandon C Hugha

BRENDAN C. HUGHES Executive Deputy Secretary of State

Authentication Number: 100007186257 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov