

F49000003741

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: The Latin Med Corporation of America
(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", 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:

000002932620--4

-07/15/99--01086--001

*****87.50 *****87.50

Brian R. Pearl

(Name of Person)

Latin Med

(Firm/Company)

1621 SW 11th Avenue

(Address)

Cape Coral, FL 33991

(City/State/Zip)

FILED
09 JUL 15 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FL 32314

Should you need to call someone concerning this matter, please call:

Brian Pearl

(Name of Person)

at (917) 513-2246

(Area Code & Daytime Telephone Number)

F49-3741

Available	CP 721
Dr	CP
E	CP
	CP
	CP
	CP
	CP
	CP
	CP
	CP

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$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. The Latin Med Corporation of America } "LatinMed" is one word
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware 3. 65-0929192
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. February 5, 1999 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. As of yet, no business transacted in FL. To begin August 1999.
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1621 SW 11th Avenue
Cape Coral, FL 33991
(Current mailing address)
8. Information technology company that works with hospitals in
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Latin America.
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: Brian R. Pearl
Office Address: 1621 SW 11th Avenue
Cape Coral, Florida, 33991
(Zip code)

10. 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.

B. R. Pearl

(Registered agent's signature)

11. 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.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

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TALLAHASSEE, FLORIDA

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: Pedro Barreda

Address: 57 East 75th Street
New York, NY 10021

Vice Chairman: _____

Address: _____

Director: Brian R. Pearl

Address: 1621 SW 11th Avenue
Cape Coral, FL 33991

Director: Dave Gordon

Address: 57 East 75th Street
New York, NY 10021

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Brian R. Pearl

Address: 1621 SW 11th Avenue
Cape Coral, FL 33991

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

FILED
99 JUL 15 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Brian R. Pearl
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Brian R. Pearl, President
(Typed or printed name and capacity of person signing application)

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE LATINMED CORPORATION OF AMERICA" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF JULY, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE LATINMED CORPORATION OF AMERICA" WAS INCORPORATED ON THE FIFTH DAY OF FEBRUARY, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID IS THE SEVENTH DAY OF JULY, A.D. 1999.



Edward J. Freel

Edward J. Freel, Secretary of State

3001753 8300

AUTHENTICATION:

9850123

991276000

DATE:

07-07-99