

P/6 000099710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

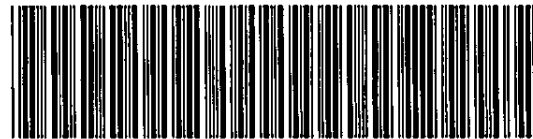
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2016 DEC 19 PM 2:15

12/20/16

FLORIDA PROFIT SOCIAL PURPOSE CORPORATION

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

TheraCert, Inc.

SUBJECT: _____
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: _____
Name (Printed or typed)

7189 Lake Island Drive

Address

Lake Worth, FL 33467

City, State & Zip

561-346-1096

Daytime Telephone number

ajripin@hotmail.com

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

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION FOR FLORIDA PROFIT SOCIAL PURPOSE CORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the social purpose corporation shall be TheraCert, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is

6555 Sanger Rd
Suite 120
Orlando, FL 32827

7189 Lake Island Drive
Lake Worth FL 33467

ARTICLE III SOCIAL PURPOSE STATEMENT AND BUSINESS PURPOSE

The corporation elects to be a social purpose corporation in accordance with s. 607.503, F.S.

The business purpose and public benefit(s) for which the corporation is organized are:

Expanding the Health APP EcoSystem for the good of all, around the world.

The specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):

Advancing market capabilities of Health and Wellness Apps by providing
the industry with standardization across domains like: testing,
validation, and certifications.

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS, DIRECTORS, BENEFIT DIRECTOR AND BENEFIT OFFICER (if Applicable)

Name and Title: Harry P. Pappas, CEO

Name and Title: David S. Metcalf II

Address 900 N. Orange St.
Suite 501
Media, PA 19063

Address: Chairman
1370 Grand Cayman Dr
Merritt Island FL 32952

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

If applicable, BENEFIT DIRECTOR:

Name : _____

Address _____

If applicable, BENEFIT OFFICER:

Name: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Aaron J. Ripin

Address: 7189 Lake Island Drive
Lake Worth, FL 33467

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: Aaron J. Ripin

Address: 7189 Lake Island Drive
Lake Worth, FL 33467

ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

12 / 15 / 2016

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.



Required Signature/Incorporator

12 / 15 / 2016

Date

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