

F15000002322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

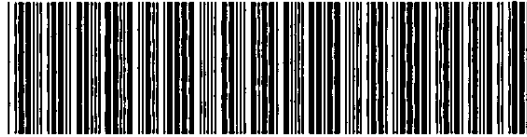
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/26/15--01005--008 **70.00

15 MAY 26 PM 12:05

MD 5/28

5/23/2015

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: HEALTH HUB, INC.
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," or "Certificate of Good Standing" 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:

Lou GALTERIO
Name of Person

HEALTH HUB INC.
Firm/Company

2453 NIMBUS DRIVE
Address

North Port, FL 34287
City/State and Zip code

LGALTERIO@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lou Galterio at (941) 661-9845
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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

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.

15 MAY 26 PM 12:05
RECEIVED
SECRETARY OF STATE

1. HEALTH HUB, INC.
(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. 45-5339610
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. NOVEMBER 14 2011 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. HAS NOT TRANSACTED ANY BUSINESS IN FLORIDA YET.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 160-2 REMINGTON BLVD., RONKONKOMA, N.Y. 11779
(Principal office address)

SAME AS PRINCIPAL OFFICE ADDRESS
(Current mailing address)

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

Name: LOU GALTERIO

Office Address: 5020 CLARK ROAD #248
SARASOTA, Florida 34233
(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.


(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.

A. DIRECTORS

Chairman: Lou GALTERIO

Address: 2453 NIMBUS DRIVE

NORTH PORT, FL 34287

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

15 MAY 26 PM 12:05
SECRETARY OF STATE
HALLWAY

B. OFFICERS

President: Lou GALTERIO

Address: 2453 NIMBUS DRIVE

NORTH PORT, FL 34287

Vice President: ~~same~~ N/A

Address: _____

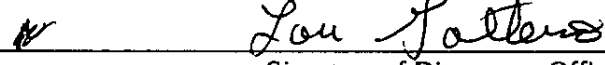
Secretary: SAME AS PRESIDENT

Address: _____

Treasurer: SAME AS PRESIDENT

Address: _____

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

12. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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. LOU GALTERIO, PRESIDENT

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

State of New York
Department of State } **ss:**

I hereby certify, that the Certificate of Incorporation of HEALTH HUB, INC. was filed on 11/14/2011, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

15 MAY 26 PM 12:05



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 28th day of April two
thousand and fifteen.*

Anthony Giardina

Executive Deputy Secretary of State