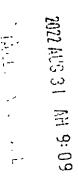
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Certified Copies	·	_ Certificate	s of Status
Special Instruc	ctions to	Filing Officer:	

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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com 850-245-6051 FROM Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE 8/31/2022

PRIORITY Regular Approval

OUR REF # (Order ID#) 1067365

ORDER ENTITY

TONO MEDICAL SERVICES PROFESSIONAL CORPORATION

PLEASE PERFORM THE FOLLOWING SERVICES:

TONO MEDICAL SERVICES PROFESSIONAL CORPORATION (FL)

File the attached foreign qualification document and provide a certified copy.

NOTES:

\$78.75 Authorized

Email address for annual report reminders: Lisa@delaneycorporate.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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Wednesday, August 31, 2022 Page Lof 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

	able in Florida, enter alternate corporate name ac		ousiness in Florida)			
2. New York 3. 87-1		-4759963				
01/27/2022	y under the law of which it is incorporated)	(FE) number, if appli				
(Date	of incorporation)	(Date of duration, if other tha	n perpetual)			
90 Furman, Apt 1	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150 801, Brooklyn NY 11201	Florida, if prior to registration) 12. F.S., to determine penalty liability				
		e <u>street</u> address)				
	<i>(C</i>	address, if different)				
Name and street	et address of Florida registered agent: (P.O.		2022 AUG 3 1			
Name:	NRAI Services, Inc.		. 3			
	1200 South Pine Island Road	 -	3			
ffice Address:	DI '	1332.1	ب			
ffice Address:	Plantation	Florida	١٢. الم			

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

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.

DocuSign Envelope ID: C9D57C08-1454-419D-B89D-EFEE992C630D A. DIRECTORS Dr. Mondana Ghias ■ Chairman □ Chairman Name: _____ 90 Furman, Apt 801 □Vice Chairman Address: □ Vice Chairman Address: Brooklyn NY 11201 ■Director Director President President Vice President □Vice President Secretary ☐ Treasurer □ Secretary ☐ Treasurer Other _____ □Other _____ □Other _____ Other___ Name: □ Chairman □Chairman Name: □Vice Chairman Address: Address: □ Vice Chairman Director □ Director □President □President □Vice President __ □ Vice President □ Secretary ☐ Treasurer □ Secretary □Treasurer ☐Other _____ □Other _____ □Other _____ □Other _______ □ Chairman Name: _____ □ Chairman Name: _____ □Vice Chairman Address: ☐ Vice Chairman Address: □ Director □ Director □President President ☐ Vice President □ Vice President ☐Treasurer ☐ Secretary □ Secretary □Treasurer □Other ____ ☐ Other _____ ☐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. Dr. Mondana Quias -0079C81E818A402 Signature of Director or Officer

The officer or director signing this document (and who is fisted 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 5.817.155 E.S.

». (r 1	1.122.1.05						
	Dr. Mondana Ghias.	Chairman &	authorized	signer			
١٥.							

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

1. ROBERT J. RODRIGUEZ, 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: TONO MEDICAL SERVICES P.C.

DOS ID Number: 6386250

Entity Type: DOMESTIC PROFESSIONAL SERVICE CORPORATION

Entity Status: EXISTING
Date of Initial Filing with DOS: 01/27/2022

Statement Status: CURRENT Statement Due Date: 01/31/2024

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 25, 2022 at 11:55 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Hydra

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100002083534 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.gv.gov