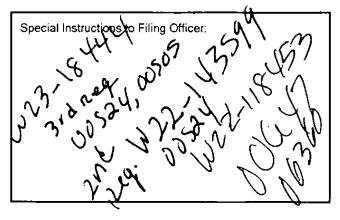
F230001696

	/Ren	uestor's Name)	
	(iveq	uestor s (vaine)	
	(Addı	ress)	
	(Addı	ress)	
*-	(City/	State/Zip/Phone	#)
PICK-L	}P	TIAW	MAIL
			
	(Busi	ness Entity Nam	e)
	(Busi	ness Entity Nam	e)
		ness Entity Nam	ne)
		•	ne)
Certified Copies		•	



Office Use Only



500394360555

09/12/22--01028--018 **155.00

S. FRANKLIN MAR 2 3 2023

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: VU HO, MD PROFESSI	ONAL ASSOCIATI	60	
Nar Nar	ne of corporation - m	ust include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign "Certificate of Existence," or "Certification above referenced foreign corporation to	ate of Good Standing	" and check are sub	
Please return all correspondence conce	erning this matter to the	ne following:	
VU HO			
	Name of Pers	on	
VU HO, MD PROFESSIONAL C	ORPORATION		
	5		
6213 CHAPEL HILL BLVD STE	E A		
	Address		(2) (2)
PLANO, TX 75093			ر)
	City/State and Z	ip code	:
VUHOMD@GMAIL.COM			
E-mail addi	ress: (to be used for fi	iture annual report n	otification) —
For further information concerning this	s matter, please call:		
VU HO	at (<u>)</u>	15 6000	
Name of Person	Area Code	Daytime Telepl	none Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following a Please make check payable to: FLORIDA STR.70.00 Filing Fee S78.75 F Certifica	A DEPARTMENT OF iling Fee & \$7	STATE 8.75 Filing Fee & ertified Copy	S87.50 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.	VU HO, MD PROFESSIONAL · ASSOCIATION					
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"				
(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting bu	siness in Florida)			
STATE OF TEX		26.3703724				
	under the law of which it is incorporated)	(FEI number, if applica	ible)			
4 11-28-2008	5	N/A				
**	of incorporation)	(Date of duration, if other than perpetual)				
6. N/A						
76213 CHAPEL	(SEE SECTIONS 607.1501 & 607.1 HILL BLVD STE A, PLANO, TX 75093	in Florida, if prior to registration) 502, F.S., to determine penalty liability) fice street address)				
421 VISTA OAK	DR. LONGWOOD, FL 32779		<u></u> 1			
	(Current maili	ng address, if different)				
8. Name and street	t address of Florida registered agent: (P.	O. Box NOT acceptable)	23			
Name:	VU HO					
Office Address:	964 INTERNATIONAL PARKWAY	SUITE 1620	L1:3A			
	LAKE MARY	, Florida 32746	<u>'</u>			
	(City)	(Zip code)				
0 D 4						

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.

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: N/A Name: _____ ■ Manager Name: □Manager Address: 6213 CHAPEL HILL
BLVD. Address: _____ □Member □Member SUITE A ☐ Authorized □ Authorized PLANO, TX 75093 Person Person □Other_____ □Other_____ \□Other___ □Other____ N/A Name: ____ □Manager Name: ____ □Manager Address: _________ □Member\ □ Member ☐ Authorizéd □ Authorized Person Person □Other_____ Other_ □Other N/A N/A Name: _____ □Manager Name': □ Manager □Member Address: _____ □'Member Address: ☐ Authorized Authorized Person Person □Other_____ □Other □Other ____ □Other_____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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. Signature of an authorized person

VU HO

Typed or printed name of signee



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for VU HO, MD PA (file number 801056690), a Professional Association, was filed in this office on November 28, 2008.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 2552022.

my office in Austin, Texas on October 250202:

THE OF YEAR

John B. Scott Secretary of State