



State of Rhode Island
Department of State - Business Services Division

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Application for Certificate of Authority FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is: Kible Health, P.A.		
2. It is incorporated under the laws of: Florida		
3. The name, if different, which it elects to use in Rhode Island is: (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island: Kible Health, P.A.. Inc. (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:		
4. The date of its incorporation is: 02/18/2025		
And the period of its duration is: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: 390 NE 191st St, STE 8885 Miami, FL 33179		
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name Capitol Corporate Services, Inc.		
Street Address (<u>NOT</u> a P.O. Box) 222 Jefferson Blvd Ste 200		
City/Town 222 Jefferson Blvd Ste 200	State RHODE ISLAND	Zip Code 02888

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FILED
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BY *[Signature]*
FORM 150 - Revised 12/2021
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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

provide medical and related services

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

NAME	ADDRESS
Alex Mohseni, MD	390 NE 191st St, STE 8885 Miami, FL 33179

Check the box to indicate an attachment

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

OFFICE	NAME	ADDRESS
PRESIDENT	Alex Mohseni, MD	390 NE 191st St, STE 8885 Miami, FL 33179
VICE PRESIDENT		
TREASURER	Alex Mohseni, MD	390 NE 191st St, STE 8885 Miami, FL 33179
SECRETARY	Alex Mohseni, MD	390 NE 191st St, STE 8885 Miami, FL 33179

Check the box to indicate an attachment

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

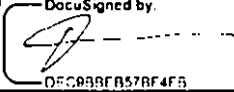
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
1,000	Common		\$0.0001

10. An estimate, as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)

2.5 %

11. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

5 %

12. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of this filing.	
13. Date when the Certificate of Authority will be effective: CHECK ONE BOX ONLY	
<input checked="" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____	
<i>Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.</i>	
Type or Print Name of Authorized Officer Alex Mohseni, MD, President	Date 3/19/2025
Signature of Authorized Officer of the Corporation  <small>DocuSigned by: DFC938FB57BF4F5</small>	

State of Florida

Department of State

I certify from the records of this office that KIBLE HEALTH, P.A. is a corporation organized under the laws of the State of Florida, filed on February 18, 2025.

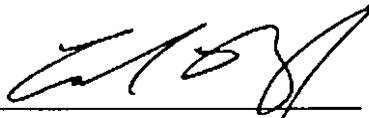
The document number of this corporation is P25000009638.

I further certify that said corporation has paid all fees due this office through December 31, 2025 and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Twentieth day of March, 2025*




Secretary of State

Tracking Number: 8733041484CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>