F1200000477/

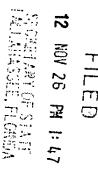
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300241800663

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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: THERANDSTIX	
Name of corpora	tion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good Sabove referenced foreign corporation to transact but	Standing" and check are submitted to register the
Please return all correspondence concerning this ma	atter to the following:
SEEPAUL RAMMARINE	
Name	of Person
THERAMOSTIX INC	
Firm/C	Company
8000 Virginia HANDE ROAD	Steito
A	ddress
Beltaville MD 20705	
City/Sta	te and Zip code
Seramnarine @theranog E-mail address: (to be us	stix · com
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, plea	se call:
Seepaul Ramnarine at (His	744.7774
Name of Person Ar	ea Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
New Filing Section	New Filing Section
Division of Corporations	Division of Corporations P.O. Box 6327
Clifton Building 2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	•
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

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. THERANOSTIX Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
me., co., corp, me, co, or corp.)
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. DELAWARE 3. 20-5495972.
2. DELAWARE (State or country under the law of which it is incorporated) 3. 20-5495972. (FEI number, if applicable)
4. August 21 of 2006 5. Respectual (Duration: Year corp. will cease to exist of perpetual)
(Duration: Year corp. will cease to exist of perpetual")
6. N/A (Date first transacted business in Florida, if prior to registration)
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
du ===
(Principal office address)
8000 VIPENNIA ADAMOR Rd St. 170 Beltwillo MR 24705
8000 VIRGINIA MANDERS, Ste 170, Beltsville, Mp 20705 (Current mailing address)
$\mathcal{O}_{\mathcal{O}}$
8. Tattology repore the services
8. (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: SATHISH KOTHAND ARAM Office Address: 19735 TURNBERRY WAY #D70
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: SATHISH KOTHANDARAM
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: SATHISH KOTHANDARAM Office Address: 19735 TURNBERRY WAY #D70 AVENTURA, Florida 33180 (City) (Zip code)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: SATHISH KOTHANDARAM Office Address: 19735 TURNBERRY WAY #D70 AVENTURA, Florida 33180 (City) (Zip code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: SATHISH KOTHAND ARAM Office Address: 19735 TURNBERRY WAY #D70 AVENTURA, Florida 33180 (City) (Zip code) 10. 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.
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: SATHISH KOTHAND ARAM Office Address: 19735 TURNBERRY WAY #D70 AVENTURA, Florida 33180 (City) (Zip code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: SATHISH KOTHAND ARAM Office Address: 19735 TURN BERRY WAY #D70 AVENTURA, Florida 33180 (City) (Zip code) 10. 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.

11. 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.

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: SATHISH KOTHANDARAM 19735, TURNBERRY WAY, #1770 AVENTURA FL 33180 Vice Chairman: Address: Director: Address: Director: **B.** OFFICERS President: Vice President: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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

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

third degree felony as provided for in s.817.155, F.S.

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATE CHARTERS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT THERANOSTIX INC., QUALIFIED AUGUST 29, 2006, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF DELAWARE AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION. AND TO TRANSACT INTERSTATE, INTRASTATE AND FOREIGN BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS NOVEMBER 07, 2012.

Baul B. andrew

Paul B. Anderson Charter Administrator



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301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1344 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097

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