FA000004874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: INNERSPACE SURGICAL CORPORATION
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:

RICARDO ALEXANDER GOMEZ
Name of Person

INNERSPACE SURGICAL CORPORATION
Firm/Company

4701 N. FEDERAL HIGHWAY # 305
Address

POMPANO BEACH, FL 33064
City/State and Zip code

algomezus@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIKE PISETSKY at (919) 930-4352
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

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. INNERSPACE SURGICAL CORPORATION
(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. DELAWARE
(State or country under the law of which it is incorporated)

3. 47-0991766
(FEI number, if applicable)

4. 08-08-14
(Date of incorporation)

5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4701 N. FEDERAL HIGHWAY, STE # 305, POMPANO BEACH, FL 33064
(Principal office address)

4701 N. FEDERAL HIGHWAY, STE #305, POMPANO BEACH, FL 33064
(Current mailing address)

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

Name: RICARDO A. GOMEZ

Office Address: 4701 N. FEDERAL HIGHWAY, STE #305

POMPANO BEACH, Florida 33064
(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.

11. Names and business addresses of officers and/or directors:

A. **DIRECTORS**

Chairman: _____

Address: _____

_____

Vice Chairman: _____

Address: _____

_____

Director: RICARDO A. GOMEZ

Address: 3901 NE 25th AVE., LIGHT HOUSE POINT, FL 33064

_____

Director: SANDY HECK

Address: 107 SOUTH HARPER AVE., LOS ANGELES, CA 90048

_____

B. OFFICERS

President: SANDY HECK

Address: 107 SOUTH HARPER AVE.

LOS ANGELES, CA 90048

Treasurer RICARDO A. GOMEZ

Address: 3901 NE 25th AVE

LIGHT HOUSE POINT, FL 33064

Secretary: MIKE PISETSKY

Address: 212 W. MAIN STREET, STE # 300

Treasurer: DURHAM, NC 27701

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. Secretary

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

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF INCORPORATION OF "INNERSPACE SURGICAL CORPORATION", FILED IN THIS OFFICE ON THE EIGHTH DAY OF AUGUST, A.D. 2014, AT 3:13 O'CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.

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5583853 8100

141053864

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 1644196

DATE: 08-25-14