

F16000000748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

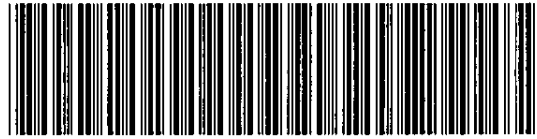
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Y SULKER



BridgehouseLaw LLP
1720 Peachtree Street, NW • Suite 520
Atlanta • Georgia 30309 • U.S.A.

Via Certified Mail
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Sebastian Meis, LL.M.

Attorney at Law*

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Efax : + 1 404 393 9333

E : sebastian.meis @bridgehouselaw.us

www.bridgehouselaw.us

* Georgia | Germany

January 22, 2016

RE: Elvation Medical Inc. Application for Authorization to Transact Business in Florida.

Dear Sir or Madam:

On behalf of our client, Elvation Medical Inc., we hereby submit a signed Application for Authorization to Transact Business in Florida. Please find enclosed the following documents:

1. Original Application to Transact Business;
2. Original Delaware Certificate of Good Standing;
3. Check in the amount of USD 78.75; and
4. Self-addressed envelope.

Please acknowledge receipt of the Application to Transact Business by sending a certified copy of to my attention in the self-addressed stamped envelope provided herewith.

Please do not hesitate to contact me with any questions or comments.

Sincerely,

Sebastian Meis, LL.M.
Attorney at Law

Enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elvation Medical Inc.

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:

Sebastian Meis

Name of Person

BridgehouseLaw LLP

Firm/Company

1720 Peachtree Street NW, Suite 520

Address

Atlanta, GA 30309

City/State and Zip code

sebastian.meis@bridgehouselaw.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sebastian Meis

404

885-5320

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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. Elvation Medical Inc.
(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 3. 99-0381796
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/18/2012 5. _____
(Date of incorporation) (Date of duration, if other than 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. c/o Corporation Service Company, 1201 Hays Street, Tallahassee, 32301
(Principal office address)

(Current mailing address, if different)

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

Name: Corporation Service Company

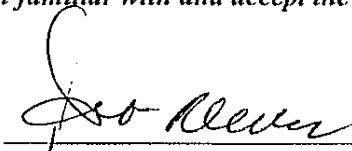
Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

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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.



Deb Reeves
Assistant Vice President

(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: Guenter Schwarz

Address: Ludwig-Wolf-Str. 6, 75249 Kieselbronn, Germany

Vice Chairman: _____

Address: _____

Director: Holger Stahl

Address: Ludwig-Wolf-Str. 6, 75249 Kieselbronn, Germany

Director: _____

Address: _____

B. OFFICERS

President: Holger Stahl

Address: Ludwig-Wolf-Str. 6, 75249 Kieselbronn, Germany

Vice President: _____

Address: _____

Secretary: Sebastian Meis

Address: c/o BridgehouseLaw LLP, 1720 Peachtree Street NW, Suite 520, Atlanta, GA 30309

Treasurer: Beate Stagnet

Address: 5126 S.Royal Atlanta Drive, Tucker, GA 30084

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. S. Meis _____
Signature of Director or Officer

The officer or director signing this document (and who is listed 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 s.817.155, F.S.

13. Sebastian Meis, Secretary _____

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

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ELVATION MEDICAL INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF JANUARY, A.D. 2016.




Jeffrey W. Bullock, Secretary of State

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SR# 20160015590

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

Authentication: 201657871

Date: 01-13-16