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DATE: 10/14/16

NAME: MEDSHAPE, INC.

TYPE OF FILING: APPLICATION

COST: 78.75

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

** File Second **

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MedShape, 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:

Name of Person

Firm/Company

Address

City/State and Zip code

helen.benedict@medshape.com

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

For further information concerning this matter, please call:

Name of Person at () 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. MedShape, 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. 26-0578145
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 09/18/2015 5. perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. 08/16/2016
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1575 Northside Drive NW, Suite 440, Atlanta, GA 30318
(Principal office address)

(Current mailing address, if different)

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

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

NRAI Services, Inc.

Charles Coyle

Charles Coyle (Registered agent's signature) Asst. Secy.

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

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

A. DIRECTORS

Chairman: see attached addendum

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: /CEO: J. Kurt Jacobus

Address: 1575 Northside Drive NW, Suite 440

Atlanta, GA 30318

Vice President: _____

Address: _____

Secretary: Kenneth A. Galt

Address: 1575 Northside Drive NW, Suite 440, Atlanta, GA 30318

Treasurer: Gregory S. Dane

Address: 1575 Northside Drive NW, Suite 440, Atlanta, GA 30318

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 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. J. Kurt Jacobus, President and CEO
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

**Addendum to MedShape, Inc.
Application by Foreign Corporation for Authorization to Transact Business in
Florida**

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

A. DIRECTORS

Chairman: Niles Noblitt

Address: 1575 Northside Drive NW, Suite 440, Atlanta, GA 30318

Director: Paul F. Hills

Address: 1575 Northside Drive NW, Suite 440, Atlanta, GA 30318

Director: Gregory S. Dane

Address: 1575 Northside Drive NW, Suite 440, Atlanta, GA 30318

Director: Douglas W. Kohrs

Address: 1575 Northside Drive NW, Suite 440, Atlanta, GA 30318

Director: Kenneth A. Gall

Address: 1575 Northside Drive NW, Suite 440, Atlanta, GA 30318

Director: Thomas E. Hills

Address: 1575 Northside Drive NW, Suite 440, Atlanta, GA 30318

Director: Dennis D. Stripe

Address: 1575 Northside Drive NW, Suite 440, Atlanta, GA 30318

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Delaware

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDSHAPE, 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 OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDSHAPE, INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF SEPTEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



5827705 8300

SR# 20166187045

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203153745

Date: 10-13-16