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MEDSHAPE, INC.

TYPE OF FILING: APPLICATION

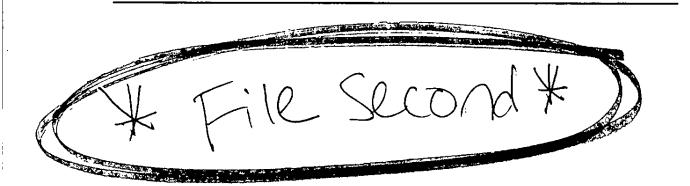
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AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO:		ration Secon of Cor		ions				
SUBJ	ECT:	MedShap	e, Inc					
5020	2011			Name	of corpora	tion -	must include suffix	
Dear S	ir or Ma	adam:						
"Certif	ficate of	Existenc	e," or	"Certificat	e of Good	Stanc	Authorization to Transa ling" and check are sub s in Florida.	ct Business in Florida," mitted to register the
Plcase	return a	ıll corresp	onde	nce concert	ing this m	atter	to the following:	
					Name	of P	erson	
					Firm/	Comp	pany	
					A	ddre	ss	
				 	City/Sta	ite an	d Zip code	
helen.h	enedict(@medshap			·····			
			E٠	mail addres	ss: (to be u	sed fo	or future annual report	notification)
For fur	rther inf	ormation	conc	eming this	matter, plea	ase ca	all:	
					at (_)	
	Name	of Perso	n		Area	Code	Daytime Telep	hone 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				
Enclos	ed is a	check for	the fe	ollowing an	nount:			
57 (0. 00 F ili	ing Fec	۵	\$78.75 Fili Certificate			\$78,75 Filing Fee & Certified Copy	S87.50 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.

	operation; must include "INCORPORATED," pp," "Inc," "Co," or "Corp.")	' "COMPANY," "CORPORATION,"	•
(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	-
Delaware	3	26-0578145	
09/18/2015		(FEI number, if applicable) perpetual	-
(Date 08/16/2016	of incorporation)	(Date of duration, if other than perpetual)	-
	rive NW, Suite 440, Atlanta, GA 30318		
	(Princi	pal office address)	
	(Princi (Current maili	ng address, if different)	16 007 1
. <u></u>	(Princi	ng address, if different)	16 OCT IL AM
Name and street Name:	(Princi (Current maili Laddress of Florida registered agent: (P.	ng address, if different)	•
Name and stree	(Princi (Current maili) (Current maili) (Address of Florida registered agent: (P. NRAI Services, Inc. 1200 South Pine Island Road Plantation	ng address, if different)	A

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.

Claules 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

11. Names and business addresses of officers and/or directors: A. DIRECTORS sée attached addendum Address: _ Vice Chairman: Address: _ Address: _ **B. OFFICERS** /CEO: J. Kurt Jacobus 1575 Northside Drive NW, Suite 440 Address: Atlanta, GA 30318 Vice President: Kenneth A. Gall Secretary: 1575 Northside Drive NW, Suite 440, Atlanta, GA 30318 Address: Gregory S. Dane Treasurer: 1575 Northside Drive NW, Suite 440, Atlanta, GA 30318 Address: NOTE: Recessary, 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 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)

的,我们的时候,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们就会会一个人的,我们的一个人的, 第一个人的时候,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们就会一个人的,我们就会一个人的,我们就是一个人的,

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

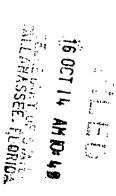
Address: 1575 Northside Drive NW, Suite 440, Atlanta, GA 30318

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



Page 1

Delaware The First State

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.

at corp.delaware.gov/auti

Authentication: 203153745

Date: 10-13-16

5827705 8300 SR# 20166187045

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