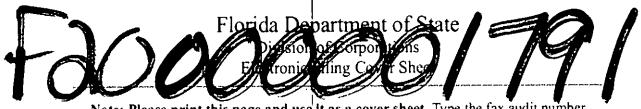
→ 18506176383 Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FL PATEL LAW PLLC Account Number : I20170000097 Phone : (727) 279-5037 Fax Number : (727)888-1294

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Marvin@medzoomer.com

FOREIGN PROFIT/NONPROFIT CORPORATION

MedZoomer, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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COVER LETTER

→ 18506176383

TO: Registration Section Division of Corporations			
SUBJECT: MedZoomer, Inc.			
Name of corp	oration - must include suffix		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporat "Certificate of Existence," or "Certificate of Go above referenced foreign corporation to transact	on for Authorization to Transact Business in Florida," od Standing" and check are submitted to register the business in Florida.		
Please return all correspondence concerning this	matter to the following:		
Kalpesh Patel			
N	ame of Person		
FL Patel Law PLLC			
Fi	; rm/Company		
360 Central Avenue, Suite 800			
	Address		
Saint Petersburg, FL 33701			
City	/State and Zip code		
Kalpesh@flpatellaw.com	1		
E-mail address: (to b	e used for future annual report notification)		
For further information concerning this matter,	please call:		
Kalpesh Patel at (7)	7 279-5037		
	rea Code Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPAR \$\Boxed{\text{S70.00 Filing Fee}}\$ \$\Boxed{\text{S78.75 Filing Fee}}\$ Certificate of States	& □ \$78.75 Filing Fee & □ \$87.50 Filing Fee,		

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. (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) 83-4683278 Delaware (FEI number, if applicable) (State or country under the law of which it is incorporated) April 30, 2019 (Date of duration, if other than perpetual) (Date of incorporation) March 24, 2020 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502. F.S., to determine penalty liability) 7. 600 North Broad Street Suite 5, # 818, Middletown, Delaware 19709 (Principal office street address) (Current mailing address, it different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Marvin Kloss Name: 2202 N Lois Avenue, #1425 Office Address: TAMPA _ , Florida (Citv) 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.

	· ·			
A. DIRECTORS				
Chairman	Name: Marvin Kloss	☐Chairman	Name: Richard Munassi	
□Vice Chairman	Address:	□Vice Chairman	Address:	North Broad Street
□Director	Suite 5, # 818	□ Director	Suite	5, #818
President	Middletown, Delaware 19709	□President	Midd	iletown, Delaware 19709
□Vice President		☐ Vice President		
Secretary	Treasurer	□Secretary		□Treasurer
Other	Other	☐Other Chief Fir	ancial Officer	□Other
□Chairman	Name:	∐ □Chainnan	Name:	
□Vice Chairman	Address:	Vice Chairman ☐ Vice Chairman	Address:	
□Director		Director		
□President		_ □President		
□Vice President		_ □Vice President	<u></u>	
Secretary	□Treasurer	Secretary		□Treasurer
Other	□Other	Other		Other
□Chairman	Name:	☐ Chairman	Name:	
		Ī		
	Address:	Director		
Director				
□President	<u></u>	<u> </u>		
□Vice President		☐ Vice President		
☐ Secretary	☐Treasurer	Secretary		☐Treasurer
Other	☐Other	☐Othæ		Other
Important Notice: Individuals may be	Use an attachment to report more than six (6): added to the index when filing your Florida [Department of State Annual R	ed for reporting peport form.	ourposes only. Non-indexed
12.	Signature of E	Director or Officer		

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

Marvin Kloss, President

→ 18506176383 The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDZOOMER, 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 TWENTY-FIFTH DAY OF MARCH, A.D. 2020.

7912852 8300

SR# 20202345866

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

Authentication: 202653061

Date: 03-25-20