6/1/22, 11:27 AM Division of Corporations

P22000042642

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

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

Email Address: _____

FILED
2022 JUN -1 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2022 JUN -1 PM 3:02
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
Dermalux USA, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$78.75

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P O'KEEFE
JUN - 2 2022

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Dermalux USA, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

7901 4th St N, STE 300

St. Petersburg, FL, US, 33702

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A leader in LED Phototherapy products.

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Huw Anthony, President, CFO, Director

Address: 7901 4th St N, STE 300,
St. Petersburg, FL, US, 33702

Name and Title: Pieter Botha, Secretary

Address: 7901 4th St N, STE 300,
St. Petersburg, FL, US, 33702

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address.

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Name and Title: _____ Name and Title: _____

Address _____ Address. _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: LEGALINC CORPORATE SERVICES INC.

Address: 5237 SUMMERLIN COMMONS BLVD, SUITE 400

FORT MYERS, FL, US, 33907

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is.

Name: Wesley Dolan

Address. 10601 Clarence Dr Ste #250

Frisco, TX 75033

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing. _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

_____ 6/1/2022

Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

_____ 6/1/2022

Required Signature/Incorporator Date