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TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: NONINVASIVEMEDS.COM

(Name of corporation - must include suffix)

Dear Sir or Madam:

700003331477--7
-07/21/00--01066--005
*****87.50 *****87.50

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", 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:

W-18610

SUZANNE PUCHATY

(Name of Person)

NONINVASIVEMEDS.COM

(Firm/Company)

2495 NW 39th STREET

(Address)

BOCA RATON, FLORIDA 33431

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Suzanne PUCHATY

(Name of Person)

at (561) 483-1402

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA 32302

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mtu
8/7



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 26, 2000

SUZANNE PUCHATY
2495 NW 39TH STREET
BOCA RATON, FL 33431

SUBJECT: NONINVASIVEMEDS.COM
Ref. Number: W00000018610

We have received your document for NONINVASIVEMEDS.COM and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays
Document Specialist

Letter Number: 200A00040708

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AUG 7 11:53
TALLAHASSEE
FLORIDA

**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. NONINVASIVEMEDS.COM

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. GRAND CAYMEN

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. MAY 30, 2000

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. NEW CORPORATION

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 2495 N.W. 39th STREET

BOCA RATON, FLORIDA 33431

(Current mailing address)

8. MARKET AND DISTRIBUTE FDA APPROVED DENTAL PRODUCTS.
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: FLORIDA-LAWDOCK, INC.

Office Address: 222 LAKEVIEW AVE.

#400, WEST PALM BEACH, Florida, 33401
(Zip code)

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STATE OF FLORIDA
TALLAHASSEE, FL 32399

10. 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.

[Signature]
(Registered agent's signature)

11. 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.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: SUZANNE PUCHATY

Address: 2495 N.W. 39th STREET
BOCA RATON, FLORIDA 33431

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. SUZANNE PUCHATY, CEO

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

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STATE
TALLAHASSEE

CR-100848

Certificate of Good Standing

TO WHOM IT MAY CONCERN

I DO HEREBY CERTIFY that

NONINVASIVEMEDS.COM, INC.

a company duly organized and existing under and by virtue of the Laws of The Cayman Islands is at the date of this certificate in Good Standing with the office, and duly authorized to exercise therein all the powers vested in the company.

*Given under my hand and Seal at George Town in the
Island of Grand Cayman this Sixth Day of July
Two Thousand*

[Signature]
An Authorized Officer,
Registry of Companies,
Cayman Islands, B.W.I.

