F01000000575

TRANSMITTAL LETTER

| TO: | Registration Sec Division of Cor | | | |
|---------------------------|--|--|--|--|
| SUBJ | ECT: | NEURO-TEC, IN | NC. | |
| | | | ration - must include suffix) | |
| Dear S | Sir or Madam: | | 300 | 0035901732 01/2970101096018 *****70.00 *****70.00 |
| "Certi | | e", and check are submitted | for Authorization to Transact Bu I to register the above referenced | isiness in Florida", |
| Please | return all corresp | ondence concerning this m | atter to the following: | |
| | | J. BRIAN O'NI | | |
| | | (Nam | ne of Person) | |
| | | MOORE INGRAM | JOHNSON & STEELE, LLP | |
| | | | /Company) | - |
| | | 192 ANDERSON | STREET | |
| | | · · · · · · · · · · · · · · · · · · · | Address) | |
| | • | MADTERRA CA | #\)^\ | |
| | | MARIETTA, GA (City/St | tate and Zip code) | |
| | | | • | |
| For fu | rther information | concerning this matter, ple | ase call: | • |
| | | | | |
| | J. BRIAN O'N | EIL. at (| 770) 429–1499 | |
| | (Name of Perso | on) (A | rea Code & Daytime Telephone | Number) SECCIE |
| Regist Divisi 409 E | ET ADDRESS: ration Section on of Corporation Gaines St. lassee, FL 32399 | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | FILED AN 29 M 2: 35 TANY OF STATE MASSEF, FLORIDA |
| Enclos | sed is a check for | the following amount: | | 3, 4NJ |
| | 0.00 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. NEURO- | TEC, INC. | | | | | | | |
|---|--|------|---|--|--|--|--|--|
| (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.) | | | | | | | | |
| | - F | բ | , | | | | | |
| 2. GEORGI | IA | 3. | 58-1996219 | | | | | |
| (State or country | y under the law of which it is incorporated) | • | (FEI number, if applicable) | | | | | |
| 4. <u>06/08/</u> | /1992 | 5. | perpetual | | | | | |
| (Dat | (Date of incorporation) | | (Duration: Year corp. will cease to exist or "perpetual") | | | | | |
| | qualification | | - | | | | | |
| (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) | | | | | | | | |
| | (SEE SECTIONS 007.1 | JU1, | 007.1302 and 617.133, F.S.) | | | | | |
| 7. 850 Kenn e | esaw Ave., Suite 4C, Marietta, | G/ | A 30060 | | | | | |
| | (Principal office | addr | ess) | | | | | |
| 850 Vanne | esaw Ave., Suite 4C, Marietta, | G/ | 30060 | | | | | |
| OJO KEIMI | (Current mailing | | | | | | | |
| | (| | 7,00 | | | | | |
| 8. Marketi | ng medical supplies | | ALCA , | | | | | |
| | | r co | untry to be carried out in state of Florida | | | | | |
| | • | | 55 2 F | | | | | |
| 9. Name and str | <u>eet address</u> of Florida registered age | nt: | (P.O. Box or Mail Drop Box NOT acceptable) | | | | | |
| Name: | Mike Milkey | | | | | | | |
| | | | | | | | | |
| Office Address: | 10060 Bishop Lake Way | | | | | | | |
| | Jacksonville | | , Florida 32256 | | | | | |
| | (City) | | (Zip code) | | | | | |

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.

(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 business addresses of officers and/or directors:

| A. | DIRECTORS | | |
|----|-----------|--|--|

| Chairman: | Tom Smithweck | |
|---------------------|---|------------------------|
| Address: | 850 Kennesaw Ave., Suite 4C | |
| | Marietta, GA 30060 | |
| Vice Chairman: | Pam Smithweck | |
| | 850 Kennesaw Ave., Suite 4C | |
| | Marietta, GA 30060 | |
| * | | |
| | | |
| Director: | | |
| | | |
| Address: | | |
| B. OFFICER | s | - |
| President: | Tom Smithweck': | |
| Address: | 850 Kennesaw Ave., Suite 4C | |
| | Marietta, GA 30060 | , " ' |
| Vice President: | Pam Smithweck | |
| Address: | 850 Kennesaw Ave., Suite 4C | 일로 12 |
| | Marietta, GA 30060 | D. 35 |
| Secretary: | Pam Smithweck | |
| Address: | 850 Kennesaw Ave., Suite 4C, Marietta, GA 30060 | |
| Treasurer: | Pam Smithweck | |
| Address: | 850 Kennesaw Ave., Suite 4C, Marietta, GA 30060 | |
| NOTE: If nec | essary, you may attach an addendum to the application listing additional of | |
| 1 | (Signature of Chairman, Vice Chairman, or any officer listed in number 1 | 12 of the application) |
| 14 | Tom Smithweck, President | |
| | (Typed or printed name and capacity of person signing application | ומו |

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 010040325 CONTROL NUMBER : K211196 DATE INC/AUTH/FILED: 06/08/1992 JURISDICTION : GEORGIA PRINT DATE : 01/04/2001

FORM NUMBER : 211

MOORE INGRAM BRIAN O'NEIL 192 ANDERSON STREET MARIETTA, GA 30060

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

NEUROTEC, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether
or not a notice of intent to dissolve, an application for
withdrawal, a statement of commencement of winding up or any other
similar document has been filed or is pending with the Secretary
of State.

This certificate is issued pursuant to Title 14 of the efficial Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



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Cathy Cox Secretary of State