

F03000002943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

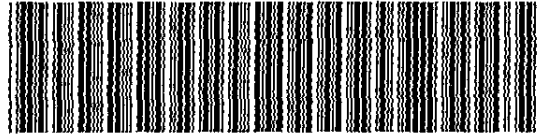
(Document Number)

Certified Copies _____

Certificates of Status _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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STATE
TALLAHASSEE, FLORIDA

hjt

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA0000000005

REFERENCE: 2040017
(Sub Account)

DATE: 6-13-03

REQUESTOR NAME: Lexis Document Services

ADDRESS:

TELEPHONE: () (-) ext ()

CONTACT NAME: _____

CORPORATION NAME: Ablation Industries, Inc.

DOCUMENT NUMBER: file Qualification
(if applicable)

AUTHORIZATION: Cynthia J. Woodyard

☐ CERTIFIED COPY (1-9)
☐ CERTIFICATE OF STATUS (1-9)
☒ PLAIN STAMPED COPY

() Call When Ready	() Call if Problem	() After 4:30
(<input checked="" type="checkbox"/>) Walk In	() Will Wait	() Pick Up
() Mail Out		

03 JUN 13 PM 2:28
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SEAL STATE
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. ABLATION INDUSTRIES, 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.)

2. Delaware

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

3. 02-0615521

(FEI number, if applicable)

4. March 6, 2003

(Date of incorporation)

5. Perpetual

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

6. Upon 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.)

7. 12565 Research Parkway, Orlando, FL 32826

(Principal office address)

same as above

(Current mailing address)

8. Research and development of laser-based 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: LexisNexis Document Solutions Inc.

Office Address: 3953 W.W. Kelley Road

Tallahassee

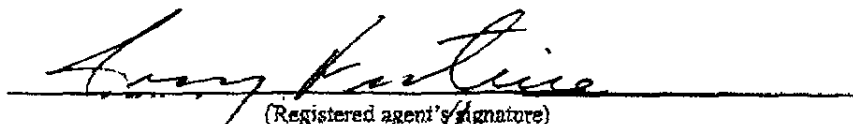
(City)

, Florida 32311

(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Jeff A. Bullington

Address: 12632 Victoria Place Circle, Suite 10116

Orlando, FL 32828

Director: _____

Address: _____

B. OFFICERS

President: Jeff A. Bullington

Address: 12632 Victoria Place Circle, Suite 10116

Orlando, FL 32828

Vice President: _____

Address: _____

Secretary: Bruce Garreau

Address: 12632 Victoria Place Circle, Suite 10116, Orlando, FL 32828

Treasurer: Bruce Garreau

Address: 12632 Victoria Place Circle, Suite 10116, Orlando, FL 32828

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. _____

Jeff A. Bullington - President and Director

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

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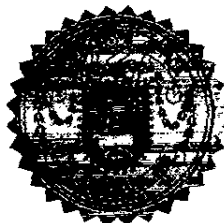
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03 JUN 13 10:28
TALLAHASSEE, FLORIDA

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ABLATION INDUSTRIES, 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-SECOND DAY OF APRIL, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ABLATION INDUSTRIES, INC." WAS INCORPORATED ON THE SIXTH DAY OF MARCH, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



3632995 8300

030260328

Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 2376772

DATE: 04-22-03