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Office Use Only

TĂĔĔĂĦŅĠŚĔĔ, FLORIDA



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#### TRANSMITTAL LETTER

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TALLAHASSEE, FLERIDA

TO: Registration Section
Division of Corporations

SUBJECT: VYMED, INC.

(Name of corporation - must include suffix)

Dear Sir or Madam:

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:

(Name of Person)	
(Firm/Company)	
Y, STE 140	
(Address)	
(City/State and Zip code)	
this matter, please call:	
at (407 _ ) 805-0800	
(Area Code & Daytime Telephone Number	r)
	(Firm/Company)  Y, STE 140  (Address)  (City/State and Zip code)  this matter, please call:

#### STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS:

Registration 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

2 \$87.50 Filing Fee, Certificate of Status & Certified Copy

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	NC.	273 to \$4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enter name o Inc.," "Co.,"	of corporation; must include "INCORPORAT "Corp," "Inc," "Co," or "Corp.")	TED," "COMPANY," "CORPORATION,"
(If name unau	vailable in Florida, enter alternate comorate na	ame adopted for the purpose of transacting business in Florida)
NEVADA	ranaolo ni i iorida, enter arcinate corporate ne	,
	try under the law of which it is incorporated)	3. <b>72</b> :1573411 (FEI number, if applicable)
OCTOBER	9, 2003	5. N/A
	pate of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
HAS NOT	yet transacted business in Fl	ORIDA
	sacted business in Florida. If corporation has	s not transacted business in Florida, insert "upon qualification.") 1501, 607.1502 and 817.155, F.S.)
1802 N CA	RSON ST, STE 212, CARSON CITY,	, ,
	(Principal office	
100 COLON	IIAL CENTER PKWY, STE 140, LAK	E MARY, FL 32746
	(Current mailing	
	in any lawful activity as assure as a	my business for which corps. may be organized u
(Purpos	e(s) of corporation authorized in home state o	or country to be carried out in state of Florida)
(Purpos	e(s) of corporation authorized in home state o	
(Purpos	e(s) of corporation authorized in home state o	or country to be carried out in state of Florida)  nt: (P.O. Box or Mail Drop Box NOT acceptable)
(Purpos  Name and s  Name:	e(s) of corporation authorized in home state o	or country to be carried out in state of Florida)  nt: (P.O. Box or Mail Drop Box NOT acceptable)  NT INC
(Purpos  Name and s  Name:	e(s) of corporation authorized in home state o treet address of Florida registered agen HIRST INVESTMENT MANAGEMEN	or country to be carried out in state of Florida)  nt: (P.O. Box or Mail Drop Box NOT acceptable)  NT INC

al kumaker-

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:	Ci, TED IC
Address:	
	TALLAHASSEE, F
Vice Chairman:	<del></del>
Address:	
Director: GARY T. HIRST	
Address: 9800 BUCCANEER MALL #36	
ST. THOMAS, VI 00802	
QUIDA MOVINI AV	
Address: 9800 BUCCANEER MALL #212	
ST. THOMAS, VI 00802	
B. OFFICERS	
President: GARY T. HIRST	
OCCO DYLCCA NUMBER BEATT HOC	
ST. THOMAS, VI 00802	
Vice President:	
Address:	
Secretary: MELINDA SHUMAKER	
Address: 100 COLONIAL CENTER PKWY, STE 140, LAKE MARY,	FL 32746
Treasurer: MELINDA SHUMAKER	
Address: 100 COLONIAL CENTER PKWY, STE 140, LAKE MARY,	FL 32746
NOTE: If necessary, you may attach an addendum to the application listing	ng additional officers and/or directors.
13. Delinda Sminakel	
(Signature of Director or Officer listed in number 12 of the	e application)
14. MELINDA SHUMAKER-SECRETARY	

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



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **VYMED**, **INC**., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since October 9, 2003, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on February 11, 2004.

DEAN HELLER Secretary of State

Dean Heller

By S. J. Jaul.

Certification Clerk

