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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ortho Reqs, 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:

Thomas Miesen
(Name of Person)

Ortho Reqs, Inc.
(Firm/Company)

1025 Lakeway Dr.
(Address)

Niceville, FL 32578
(City/State and Zip code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Thomas Miesen at (850) 678-9699
(Name of Person) (Area Code & Daytime Telephone Number)

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 ☐ \$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. Ortho Reps, Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Massachusetts 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. January 12, 2004 5. perpetual
(Date of incorporation) (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. 1025 Lakeway Dr, Niceville, FL 32578
(Principal office address)

Nice Same
(Current mailing address)

8. To engage in the marketing and sale of medical & healthcare related product for
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Commission

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

Name: Thomas Mieson

Office Address: 1025 Lakeway Dr
Niceville, FL _____, Florida 32578
(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.

J Thomas Mieson
(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: Thomas Miesen

Address: 1025 Lakeway Drive
Niceville, FL 32578

Vice Chairman: Julian H. Cherubini

Address: 297 High Street
Dedham, MA 02026

Director: Jonathan Bretz

Address: 297 High Street
Dedham, MA 02026

Director: Jon Sroufe

Address: 601 Sroufe Street
Ligonier, IN 46767

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: Thomas Miesen

Address: 1025 Lakeway Dr
Niceville, FL 32578

Vice President: _____

Address: _____

Secretary: Jonathan Bretz

Address: 297 High Street Dedham, MA 02026

Treasurer: Jonathan Bretz

Address: 25 George Rd. Maynard, MA

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

13. Thomas Miesen
(Signature of Director or Officer listed in number 12 of the application)

14. Thomas Miesen, President
(Typed or printed name and capacity of person signing application)



The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

February 4, 2004

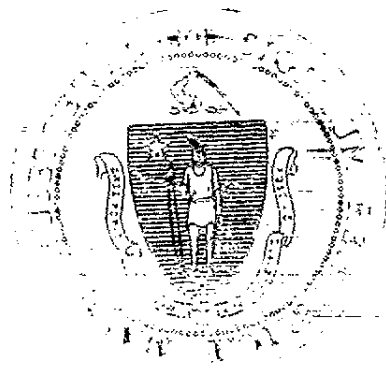
TO WHOM IT MAY CONCERN:

I hereby certify that

ORTHOREPS, INC.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on **January 12, 2004.**

I also certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth