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To: Division of Corporations Fax Number : (850) 205-0383 Prome : (850) 205-0383 He do Account Number : FCA000000023 Phone : (850) 222-1092 Phone : (850) 222-9428 FOREIGN PROFIT QUALIFICATION Medeorex, Inc. Certificate of Status 0 Certificate of Status 0 Certif
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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. MEDEOREX, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc," "Co.," of "Corp.")

	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting dustriana in Florida)					
2.	STATE OF N		_3.	133526402	•	
	(State or count	ry under the law of which it is incorporated)		(FEI number, if applicable)		
4.	APRIL 18, 19	989	5.	PERPETUAL		
	(D	ste of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")		
	UPON QUALIFICATION					
	(Date first trans			t transacted business in Florida, insert "upon qualification.") , 607.1502 and 817.155, F.S.)	3	
7.,	825 THIRD A	VENUE, 40TH FLOOR, NEW YORK, NY	100	22		
		(Principal office	addu	(1025)		
	SAME AS AB		<u></u>			
	(Current mailing address)					
8.		UTICAL RESEARCH AND DEVELOPMEN				
	(Purpose	(s) of corporation authorized in home state of	r co	unity to be carried out in state of Florida)		
9.	Name and st	reet address of Florids registered agen	:t: ((P.O. Box or Mail Drop Box NOT acceptable)		
					P.	
	Name	JACK KACHKAR		5 2	æ	
oi		445 GRAND BAY DRIVE UNIT 1210			OL NOV -	
		KEY BISCAYNE		. Plorida 33149	ເມ 	FILE
		(City)		(Zip code)		Ċ
		()			S	

10. Registered agent's scceptance:

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.



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:

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A.	DIRECTORS

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Chairman. JACK KACHKAR

Address: 445 GRAND BAY DRIVE, UNIT 1210

KEY BISCAYNE, FL 33149

Vice Chairman: NONE

Address: ____

Director: JAY GREEN

Address: 825 THERD AVENUE, 40TH FLOOR

NEW YORK, NY 10022

Director:

Address: _

B. OFFICERS

President:	JACK	KACH	IKAR

Address: 445 GRAND BAY DRIVE, UNIT 1210, KEY BISCAYNE, FL 33149

Vice President: JAY GREEN

Address:	825 THIRD AVENUE. 40TH FLOOR			_
	NEW YORK, NY 10022	Za	<u></u>	
Secretary	JACK KACHKAR	A 注	A0X	
-	445 GRAND BAY DRIVE, UNIT 1210, KEY BISCAYNE, FL 33149	Sec. 2	<u> </u>	
Treasurer	, JACK KACHKAR	<u></u>	-4-	<u> </u>
Addross:	445 GRAND BAY DRIVE, UNIT 1210, KEY BISCAYNE, FL 33149	OP	<u>.</u>	-
			<u> </u>	

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

13.	- Matter
	(Signature of Director dr Officer listed in number 12 of the application)

14. JACK KACHKAR PRESIDENT AND TREASURER

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

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State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of MEDBOREX, INC. was filed on 04/18/1989, under the name of PHYLLIS MAXWELL'S GROUPS, INC., with perpetual duration. and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

A CERTIFICATE OF Amendment PHYLLIS MAXWELL'S GROUPS, INC., changing its name to CLIXTIX, INC., was filed 08/31/2001.

A Certificate of Amendment CLIXTIX, INC., changing its name to MEDEOREX, INC., was filed 09/23/2004.

The Biennial Statement is past due.



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Witness my hand and the official seal of the Department of State at the City of Albany, this 27th day of September two thousand and four.

Secretary of State

