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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

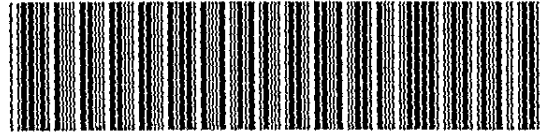
(Business Entity Name)

(Document Number)

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2005 FEB -9 PM 4:57
DYLAN CORPORATION
TALLAHASSEE, FLORIDA

W05-5752
J. BRYAN FEB - 3 2005

J. BRYAN FEB 10 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RNOLOGY, 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:

STEVEN C. HELLER

(Name of Person)

SBC FINANCIAL SERVICES, INC.

(Firm/Company)

123 NW 13TH STREET SUITE 21406

(Address)

BOCA RATON, FLORIDA 33432

(City/State and Zip code)

For further information concerning this matter, please call:

STEVEN C. HELLER

(Name of Person)

at (561) 715-4200

(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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

February 3, 2005

STEVEN C. HELLER
SBC FINANCIAL SERVICES, INC.
123 NW 13TH STREET SUITE 21406
BOCA RATON, FL 33432

SUBJECT: RNOLOGY, INC.
Ref. Number: W05000005752

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2005 FEB -9 PM 4:58
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for RNOLOGY, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 805A00007825

**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. RNOLOGY, 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. DELAWARE

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

3. 04-3767222

(FEI number, if applicable)

4. JULY 3, 2003

(Date of incorporation)

5. PERPETUAL

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

6. NOT ACTIVE YET

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. P.O. BOX 5568 LIGHTHOUSE POINT, FLORIDA 33064-5568

(Principal office address)

P.O. BOX 5568 LIGHTHOUSE POINT, FLORIDA 33064-5568

(Current mailing address)

8. PROVIDING MEDICAL RESEARCH SUPPLIES

(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 NOT acceptable)

Name: STEVEN C. HELLER

Office Address: 123 NW 13TH STREET SUITE 21406

BOCA RATON

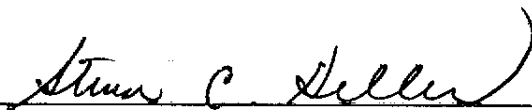
(City)

, Florida 33432

(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: _____

Address: _____

Director: _____

Address: _____

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2009 FEB -9 PM 4:58
DAVID J. CORPORACTIONS
TALLAHASSEE, FLORIDA

B. OFFICERS

President: JAMES N. NOVAKOFF

Address: P.O. BOX 5568

LIGHTHOUSE POINT, FL 33064-5568

Vice President: _____

Address: _____

Secretary: SHERM PODOLSKY

Address: 7921 WELLWYND WAY BOCA RATON, FL 33496

Treasurer: STEVEN C. HELLER

Address: 123 NW 13TH STREET SUITE 21406 BOCA RATON, FL 33432

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

13. *Steven C. Heller*
(Signature of Director or Officer listed in number 12 of the application)

14. STEVEN C. HELLER, TREASURER
(Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

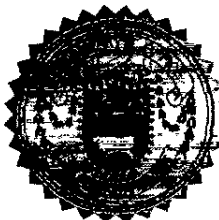
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RNOLOGY, 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 TWELFTH DAY OF NOVEMBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

FILED
2005 FEB -9 PM 4:58
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3675185 8300

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AUTHENTICATION: 3473919

DATE: 11-12-04