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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EP 3/6/09

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: GUIDEPATH MEDICAL, 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:

ATTILA MERETEI

(Name of Person)

GUIDEPATH MEDICAL, INC.

(Firm/Company)

6797 WILLOW WOOD DRIVE #6036

(Address)

BOCA RATON, FL 33434

(City/State and Zip code)

For further information concerning this matter, please call:

ATTILA MERETEI

(Name of Person)

at (954) 907-7734

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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. GUIDEPATH MEDICAL, 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 3. 26-406443
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. APRIL 4, 2008 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 6797 WILLOW WOOD DRIVE #6036, BOCA RATON FL 33434
(Principal office address)

6797 WILLOW WOOD DRIVE, #6036 BOCA RATON FL 33434
(Current mailing address)

8. MEDICAL DEVICE DEVELOPMENT
(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: ATTILA MERETETI

Office Address: 6797 WILLOW WOOD DR #6036

BOCA RATON, Florida 33434
(City) (Zip code)

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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: ATTILA MERETET

Address: 2785 SE 7th DRIVE
POMPAHO BEACH FL 33062

Vice Chairman: _____

Address: _____

Director: THOMAS A. SOS

Address: 315 E 68TH STREET
NEW YORK, NY 10021

Director: MITCHELL TATUM

Address: 1608 W 9 1/2 STREET
AUSTIN TX 78703

B. OFFICERS

President: MITCHELL TATUM

Address: 1608 W 9 1/2 STREET
AUSTIN TX 78703

Vice President: ATTILA MERETET

Address: 2785 SE 7th DRIVE
POMPAHO BEACH FL 33062

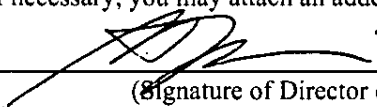
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

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

14. VICE PRESIDENT
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GUIDEPATH MEDICAL, 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-NINTH DAY OF JANUARY, A.D. 2009.

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TALLAHASSEE, FLORIDA

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You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7108123

DATE: 01-29-09