# F0900003846

(Re	questor's Name)				
(Address)					
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ wait	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

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MR)

# COVER LETTER

TO:	New Filing Section Division of Corporations			
SUBJ	ECT: Myofunctional Research	Co	USA, Inc.	
			must include suffix	
Dear S	Sir or Madam:			
"Certi	nclosed "Application by Foreign Corporati ficate of Existence," and check are submitt ct business in Florida.			
Please	return all correspondence concerning this	matter t	o the following:	
	Sand	lra A. P	rineda	
		ime of P		
	Muotunctional P.	acaaro	h Co USA , Inc.	
		m/Comp		
			nula A	
	4314 (	NW 120 Addres	Oth Ave	
			FL 33065	
	City/	State and	d Zip code	
	info@usa.	myore	search.com or future annual report	notification)
	E-man address. (to be	; useu 10	i future annuar report	notification)
For fu	rther information concerning this matter, p	olease ca	11:	
Sand	ra A. Pineda at (	954	) 753-2202	
	Name of Person	Area C	ode & Daytime Teleph	none Number
	STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle		MAILING A New Filing S Division of C P.O. Box 632 Tallahassee, I	ection orporations 7
Enclo	Tallahassee, FL 32301 sed is a check for the following amount:			
	—			_
\$7	0.00 Filing Fee \$\int\text{\$\sum_\$78.75 Filing Fee & Certificate of Statu}\$	ıs	\$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. Myofunction	al Research Co USA, Inc.					
	Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")					
пс., со., с	corp, inc, co, or corp. )					
Onlan and D	si manila vati a la					
Sales and D	ISTRIBUTION lable in Florida, enter alternate corporate nate	me adonted for the purpose of transacti	ng husiness in Florida)			
			ng ousmoss mir fortau)			
2. <u>Nevada</u>		3. <u>33-0807756</u>	1. 1.			
(State or country	under the law of which it is incorporated)	(FEI number, if app	olicable)			
4. <u>May 11, 199</u>	<del></del>	5. Perpetual				
(Date	e of incorporation)	(Duration: Year corp. will cease to	o exist or "perpetual")			
6. <mark>July 1, 2009</mark>	<u> </u>					
		s in Florida, if prior to registration)				
	(SEE SECTIONS 607.1501 & 607	7.1502, F.S., to determine penalty liabil	ity)			
7. <mark>4314 NW 12</mark> 0	Oth Ave. Coral Springs, FL 33065					
	(Principal office a	ddress)				
same as abo	ve					
	(Current mailing a	ddress)				
8						
(Purpose(s	s) of corporation authorized in home state or	country to be carried out in state of Flo	·			
9. Name and stree	et address of Florida registered agent: (I	P.O. Box NOT acceptable)	860 800 J			
			FIL 30 CRETASS			
Name:	Sandra A. Pineda	·	E 30			
Office Address:	4314 NW 120th AVe					
		<del></del>	AMIL: O			
	Coral Springs	, Florida <u>33065</u>	0 : O			
	(City)	(Zip code)	0			
0. Registered as	gent's acceptance:					
	ed as registered agent and to accept ser	rvice of process for the above stated	d 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 agents 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 FILED Chairman: 09 JUL 30 AM 11: 09 Address: \_\_\_\_\_ SECRETARY OF CHARE Vice Chairman: \_\_\_ Address: \_\_\_ Director: \_ Address: Director: \_\_ Address: \_\_\_ **B. OFFICERS** President: Christopher J. Farrell Address: 19 Codamine Crescent River Downs, QLD Australia 4212 Vice President: Address: Secretary: Sandra A. Pineda Address: 4314 NW 120th Ave, Coral Springs, FL 33065 Treasurer: Kim Golding Address: 19 Codamine Crescent, River Downs, QLD Australia 4212 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) 14. Sandra A. Pineda

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

SECRETARY OF STATE





## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, 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, non-profit corporations, corporation soles, 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, MYOFUNCTIONAL RESEARCH CO. - USA, 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 May 11, 1998, and is in good standing in this state.

**ROSS MILLER** 

office on June 29, 2009.

**Electronic Certificate** Certificate Number: C20090629-1916 You may verify this electronic certificate online at http://www.nvsos.gov/

Secretary of State

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my