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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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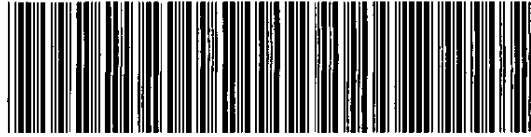
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2009 JUL 31 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: R4 VASCULAR, 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:

Janice Null on behalf of Incorp Services, Inc.

(Name of Person)

Incorp Services, Inc.

(Firm/Company)

375 N. Stephanie St. Suite 1411

(Address)

Henderson, NV 89014-8909

(City/State and Zip code)

For further information concerning this matter, please call:

Janice Null/ Incorp Services, Inc. at (702) 866-2500 ext. 6505

(Name of Person)

(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. R4 VASCULAR, 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. 20-8439560
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/28/2006 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon filing by the Secretary of State
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 7550 Meridian Circle North, Suite #150, Maple Grove, MN 55369
(Principal office address)

7550 Meridian Circle North, Suite #150, Maple Grove, MN 55369
(Current mailing address)

8. Design, development and sale of various single use disposable vascular access medical products
to hospitals through direct company sales reps and any legal purpose
(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: Incorp Services, Inc.


Office Address: 17888 67th Court North

Loxahatchee, Florida 33470
(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.

 Janice Null on behalf of Incorp Services, Inc.
(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: (see attachment)

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: (see attachment)

Address: _____

Vice President: _____

Address: _____

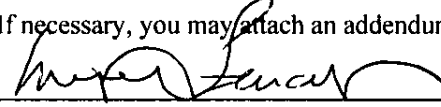
Secretary: _____

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. Michael Sarajian, CEO
(Typed or printed name and capacity of person signing application)

Florida Department of State
Division of Corporations
Application by Foreign Corporation for Authority to Transact Business
R4 VASCULAR, INC.
(continued)

Item number 12A for List of Directors:

Michael Sarajian
1108 Bloomfield Street
Hoboken, NJ 07030

Dr. Richard Sweet
4296 Savannah Trail
Santa Rosa, CA 95404

Terry Wall
Three Fields Capital
1251 Avenue of the Americas, 18th Floor
New York, NY 10020

Doug Wall
Three Fields Capital
1251 Avenue of the Americas, 18th Floor
New York, NY 10020

Item number 12B for List of Officers:

CEO - Michael Sarajian
1108 Bloomfield Street
Shorewood, MN 55331

President - Donald Geer
16 Cobblestone Drive
Queensbury, NY 12804

Vice President - Mark Kraus
6935 Dylan Lane
Maple Plain, MN 55359

Vice President - Ehab Ali
200 Chambers Street, #20F
New York, NY 10007

Delaware

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The First State


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "R4 VASCULAR, 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 TWENTIETH DAY OF JULY, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "R4 VASCULAR, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2006.

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Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7428362

DATE: 07-20-09