Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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FOREIGN PROFIT/NONPROFIT CORPORATION SYNDAVER LABS INC.

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DIVISION OF CORPORATIONS

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.

SUBDEMANDED TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

SynDavar Labr	Inc.					
(Enter name of or "Inc.," "Co.," "Co.	orporation; urust include "INCORPORATI orp," "Inc," "Co," er "Corp.")	ED,	I," "COMPANY," "CORPORATION,"			
·	·		•			
(If name anavail)	ible in Florida, enter alternate corporate na	me	e adopted for the purpose of transacting business in Florida			
Delaware		3	,			
State or country	under the law of which it is incorporated)	٠.	(FEI number, if applicable)			
2/02/2009	,	₹	perpetual			
	of incorporation)	٠.	(Duration: Year ocep. will cease to exist or "perpensal")			
	_					
			in Florida, if prior to registration)			
	(SEE SECTIONS 607.1501 & 60	7.1.	1502, F.S., to determine penalty liability)			
10770 N 46th St	reet, Suite C600, Temps, FL 33617					
•	(Principal office	, de	riness)			
10770 N 46th S	treet, Suite C500, Tampa, FL 33817					
70	(Current mailing	adic	dress)			
manufecturing						
(Purpose(s) of corporation authorized in home state of	ar c	country to be carried out in state of Florida)			
Name and atres	t address of Florida registered agent: ((P.	O. Box NOT acceptable)			
Name: Christopher Sakezies						
	10770 N 46th Street Suits C500					
Moe Address:						
	Tempe		, Florida <u>33B17</u>			
	(City)		(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.

Churlash She lus (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.

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SECRETARY OF STATE	2010 AUG 19 PM 3: 24
	
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12. Names and business addresses of officers and/or directors:	ジェ
A. DIRECTORS	類で
Chairman: Da. Chairrophea SAKFRIES	
Address: 10770 N 46th St. STE CSDO	
TAMPA , PL 33617	
Vice Chairman:	
Address:	
Director: Dr. DAVID DANIELSON	
Address: 10770 N 4616 ST , STE C508	
Tampa , FL 33617	
Director: CARISTOPHER SUMMERS	
Address: 10 770 N 46th ST STE CSON	
TAMPA 1F4 33617	
B. OFFICERS	
President: Pe Christophen Salesales	,
Address 10770 N 46th ST STE 2500	
TAMPA 186 33617	
Vice President:	
Address:	
Serretary: DR. DAVID DANIELSON	
Address: 10770 N. YLA ST. STE CSOO , TAMPA PL	73417
Treasurer: Chairrophea Summere	
Address: 10770 N 46th ST. STE (500 TAMPA FE	33417
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or of the application of the	
	
14. Chaistopher Sameziel (Typed or printed name and capacity of persons signing application)	· · · · · · · · · · · · · · · · · · ·

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SYNDAVER LABS 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 NINETEENTH DAY OF AUGUST, A.D. 2010.

AND I DO REREBY FURTHER CERTIFY THAT THE SAID "SYNDAVER LABS INC." WAS INCORPORATED ON THE SECOND DAY OF FEBRUARY, A.D. 2009.

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

AUTHENTICATION: 8180904

DATE: 08-19-10