

**F10000005402**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000265438 3)))



H100002654383ABC\$

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1515

**\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION  
ANATOMIE CORPORATION**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

**FILED**  
**RECEIVED**  
2010 DEC 10 AM 9:43 10 DEC 10 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

**J. Shivers DEC 13 2010**

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** ANATOMIE CORPORATION

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," or "Certificate of Good Standing" 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:

Margaret R. Mitchell

Name of Person

c/o Pryor Cashman LLP

Firm/Company

7 Times Square

Address

New York, NY 10036

City/State and Zip code

mmitchell@pryorcashman.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eli B. Nathanson, Esq.

at ( 212 ) 421-4100

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

2010 DEC 10 AM 9:43  
TALLAHASSEE, FL  
RECEIVED

FILED

**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. ANATOMIE CORPORATION**

(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.**

(FEI number, if applicable)

**4. November 17, 2010**

(Date of incorporation)

**5.**

**perpetual**

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

**6. upon filing**

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

**7. 600 NE 36th Street, #1603, Miami, FL 33137**

(Principal office address)

**600 NE 36th Street, #1603, Miami, FL 33137**

(Current mailing address)

**8. Any lawful act or activity for which corporations may be organized.**

(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: **Katalin Boyer**

**c/o Anatomie Corporation**

Office Address:

**600 NE 36th Street, #1603**

**Miami**

(City)

**Florida 33137**

(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.*

Katalin Boyer

By:

(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.

FILED  
2010 DEC 10 AM 9:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS:

Chairman: Katalin Boyer

Address: c/o Anatomie Corporation, 600 NE 36th Street, #1603

Miami, FL 33137

Vice Chairman:

Address:

Director: Aaron Etra

Address: c/o Anatomie Corporation, 600 NE 36th Street, #1603

Miami, FL 33137

Director: Margaret D. Jason

Address: c/o Anatomie Corporation, 600 NE 36th Street, #1603

Miami, FL 33137

B. OFFICERS

President: Margaret D. Jason

Address: c/o Anatomie Corporation, 600 NE 36th Street, #1603

Miami, FL 33137

Vice President:

Address:

Secretary: Aaron Etra

Address: c/o Anatomie Corporation, 600 NE 36th Street, #1603, Miami, FL 33137

Treasurer: Christina K. Beem

Address: c/o Anatomie Corporation, 600 NE 36th Street, #1603, Miami, FL 33137

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

13. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above), affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.135, F.S.

14. KATALIN BOYER

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

2010 DEC 10 AM 9:43  
CLERK OF THE COURT  
JILLIAN ASBEE, CLERK

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ANATOMIE CORPORATION" 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 NINTH DAY OF DECEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ANATOMIE CORPORATION" WAS INCORPORATED ON THE SEVENTEENTH DAY OF NOVEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.


2010 DEC 10 AM 9:43  
SECRETARY OF STATE  
DELAWARE

4899851 8300

101170448

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 8415101

DATE: 12-09-10