

F12000003968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

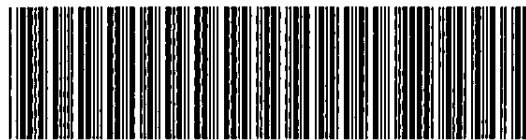
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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86

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: US.ARKRAY 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," 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:

RENAE BATHKE

Name of Person

US.ARKRAY INC.

Firm/Company

5198 W 76TH ST

Address

EDINA, MN 55439

City/State and Zip code

BATHKER@ARKRAYUSA.COM

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

For further information concerning this matter, please call:

RENAE BATHKE

Name of Person

at (952) 646-3259

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. US ARKRAY 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

(State or country under the law of which it is incorporated)

3. 46-0873702

(FEI number, if applicable)

4. 11/1/10

(Date of incorporation)

5. PERPETUAL

(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. 5198 W 76TH ST, EDINA, MN 55439

(Principal office address)

5198 W 76TH ST, EDINA, MN 55439

(Current mailing address)

8. sale of diagnostic laboratory equipment

(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: NRAI Services, Inc.

Office Address: 515 East Park Avenue

Tallahassee

(City)

, Florida 32301

(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.

NRAI Services, Inc.

By: Matt Thompson

Matt Thompson, Assistant Secretary

(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 SEP 26 AM 7:12

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

A. DIRECTORS

Chairman: Kosuke Nakanishi

Address: Kyoto Myuki Bldg 10F, 689 Takanno-Cho, Nakagyo-Ku
Kyoto, Japan 604-8153

Vice Chairman: Susumu Akatsu

Address: 5198 W 76TH ST
EDINA, MN 55439

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Susumu Akatsu

Address: 5198 W 76TH ST
EDINA, MN 55439

Vice President: _____

Address: _____

Secretary: Craig R. Brosseau

Address: 5198 W 76TH ST, EDINA, MN 55439

Treasurer: Craig R. Brosseau

Address: 5198 W 76TH ST, EDINA, MN 55439

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. Susumu Akatsu, President

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

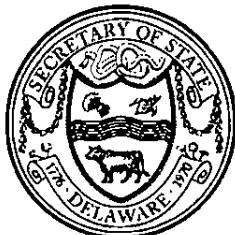
Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "U.S. ARKRAY, 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 ELEVENTH DAY OF SEPTEMBER, A.D. 2012.

12 SEP 26 AM 7:50



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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9838349

DATE: 09-11-12