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To:

# 8875786

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number (850)878-5368

AWY OF STANKE

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

E-mail	41	Address
LILL		VOOTEMBRI

## FOREIGN PROFIT/NONPROFIT CORPORATION OUALMETRIX, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

13 AUG 28 PM 3: 45
SECRETARY OF STATE
NAME SEE, FLORID

## H13000191713 3 APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

•	•			
IN COMPLIANCE	WITH SECTION 607.1503, FLORIDA	4 <i>S</i> 7	ATUTES, THE FOLLOWIN	G IS SUBMITTED TO-
REGISTER A FORI	EIGN CORPORATION TO TRANSAC	TB	USINESS IN THE STATE O	F FLORIDA, 🗢
1. QualMetrix, Inc.				第 3 5
	poration; must include "INCORPORATE	D,"	"COMPANY," "CORPORA"	FION," To :
"Inc.," "Co.," "Co:	rp," "Inc," "Co," or "Corp.")			26 26
•	•		•	<u>ā</u> m
	·			
(If name unavailab	le in Florida, enter alternate corporate nar	me a	dopted for the purpose of trans	acting business in Florida)
2. Delaware	•	3.	46-1764406 .	
(State or country un	nder the law of which it is incorporated)	•	(FEI number, if	epplicable)
4, July 19, 2013		5.	Perpetual	
· (Date o	f incorporation)		(Duration: Year corp. will cer	ase to exist or "perpetual")
6. Upon filing				
			Florida, if prior to registration	
	(SEE SECTIONS 607.1501 & 603	7.15	02, F.S., to determine penalty i	iability):
7, 1201 Brickell Aver	nue, Suite 210, Miami, Florida 33131		·	<u> </u>
	. (Principal office a	addr	C55)	
Same as #7. above.				
	(Current mailing a	eddr	ess)	
Any and all lawfu	l business allowed under Florida Law			
(Purpose(s)	of corporation authorized in home state or	r co	untry to be carried out in state of	(Florida)
9. Name and street	address of Florida registered agent: (	(P.C	D. Box NOT acceptable)	
	NRAI Services, Inc.	•		
Name:			<del></del>	
Office Address:	1200 South Pine Island Road			
	Plantation		. Florida -33324	
	(City)		(Zip code)	
designated in this a further agree to con	ent's acceptance; d as registered agent and to accept so application, I hereby accept the appoi apply with the provisions of all statute miliar with and accept the obligation	intn es r	ient as registered agent and elative to the proper and co	l agree to act in this capacity. I mplete performance of my
	NRAI Services, Inc.	_		

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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12. Namin and handson addresses of 55 and and it directors.		A C	ಹ		
12. Names and business addresses of officers and/or directors:		CR.	B "T		
A. DIRECTORS		N. S.	28		
Chairman: Lawrence Schimmel, M.D.	·	SE 2	- T		
Address: 1201 Brickell Avenue, Buile 210, Miami, Florida 33191.			AH		
	`.	OR	_22		
Vice Chulman:	••	10A	<b></b>		
Address:	,		1		
		<u> </u>			
Director: Adam House, St.	• •				
	<del></del>	<u> </u>			
Address: 1201 Brickell Avenue, Suite 210, Minmi, Plorida 33131		<u>}</u>	·····		
	<del></del>	<u>                                      </u>	<del></del> }		
Director:		<del>                                     </del>			
Address:	<u>.</u>	<u> </u>	······································		
The second secon		<u> </u>	<del> </del>		
B. OFFICERS	,				
ZNENZEKK Chief Executive Officer: Adam House, Sr.	<b>.</b>				
Address: 1201 Brickell Avenue, Sulte 210, Mismi, Florida 33131	•				
MACH HIMSELDAY K. Chief Financial Officer: Stove Wagman	· ·				
Address: 1201 Brickell Avenue, Suite 210, Miami, Florida 33131	,		<del></del>		
Autros:		<del> </del> -	***		
	<u> </u>				
Secretary:		1	<del></del>		
Address:		<u> </u>			
Treasurer:	- <del>**</del>	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Address;		<u> </u>			
NOTE: If necessary you may attach an addendum to the application listing	ng additional of	 Ncers and/or dire	ctors.		
13. 7/1 m					
Signature of Director or Office	r		· ,		

14. Stove Wagman, Chief Pinenelal Officer

a third degree felony as provided for in s.817.155, P.S.

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

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 size is aware that false information submitted in a document to the Department of State constitutes

Delaware

The First State

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Page Page SECRETARY OF

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "QUALMETRIX, 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 TWENTY-BIGHTH DAY OF

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "QUALMETRIX,
INC." WAS INCORPORATED ON THE NINETEENTH DAY OF JULY, A.D. 2013.

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

5370205 8300

AUGUST, A.D. 2013.

131032742

You may verify this certificate poline

Jeffrey W. Bullock, Secretary of State

AUTHENTY CATION: 0696291

DATE: 08-28-13

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