# F13000004639

(Red	questor's Name)	
(Add	dress)	
(Ado	dress)	·
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
443-4	5829	

Office Use Only



700250562127

08/13/13--01028--006 \*\*87.50

SECRETARY OF STAIL DIVISION OF CORPORATIONS

#### **COVER LETTER**

TO: New Filing Section Division of Corporations			
SUBJECT: Amniox Med	dical. Inc.		
· · · · · · · · · · · · · · · · · · ·		on - must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Fore "Certificate of Existence," or "Cert above referenced foreign corporation	ificate of Good S	tanding" and check are subn	-
Please return all correspondence co	oncerning this mat	ter to the following:	
Katia Olivos			
<del> </del>	Name o	of Person	
TissueTech, Inc.			
	Firm/Co	• •	
8305 N.W. 27th Stre	et, Suite 1	01	
		dress	
Doral, Florida 33122	2		
	-	and Zip code	
kolivos@tissuetechinc			
E-mail a	ddress: (to be use	d for future annual report no	otification)
For further information concerning	this matter, pleas	e call:	
Katia Olivos	.786	, 517-6189	
Name of Person		a Code & Daytime Telepho	ne Number
	\		
STREET/COURIER ADI New Filing Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	ele	MAILING AD New Filing Sec Division of Cor P.O. Box 6327 Tallahassee, FL	tion porations
Enclosed is a check for the following	ng amount:		
	5 Filing Fee & ficate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 16, 2013

KATIA OLIVOS TISSUE TECH, INC. 8305 N.W. 27TH STREET, SUITE 101 DORAL, FL 33122

SUBJECT: AMNIOX MEDICAL, INC.

Ref. Number: W13000045829

We have received your document for AMNIOX MEDICAL, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 813A00019658

## 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.

4 ·	Medical, Inc.  orporation; must include "INCORPORATED," '	"COMPANY." "CORPORATION."	-
	orp," "Inc," "Co," or "Corp.")		
$\sim$	2		****
(If name unavaila	ible in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in Florina)	JIVIE 32
<sub>2.</sub> Delaware	3. 4	າ5-1605402 ຊື	CRE
	under the law of which it is incorporated)	(FEI number, if applicable)	- 93 <u>7</u>
4. April 8, 20	011 5.	Perpetual "	DRP C
		Duration: Year corp. will cease to exist or "perpetual"	STA ORAL
6			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502)		
<sub>7.</sub> 2221 New	market Parkway, Suite 106	, Marietta, GA 30067	_
	(Principal office addres	ss)	
2221 New	market Parkway, Suite 106, I	Marietta, GA 30067	_
	(Current mailing addres	55)	
Dicto	ibutor of medica	aland surgical by	Nok
(Purpose(s	of corporation authorized in home state or cour		erio.
9. Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)	
Name:	Amy Tseng		
Office Address:	8305 N.W. 27th Street, Ste.10	01	
	Doral	<sub>, Florida</sub> 33122	
	(City)	(Zip code)	
Having been nam	gent's acceptance: ed as registered agent and to accept service application. I hereby accept the appointme	e of process for the above stated corporation at the ent as registered agent and agree to act in this cap	place
further agree to co	omply with the provisions of all statutes rel	lative to the proper and complete performance of i	ny
duties, and I am f	amiliar with and accept the obligations of	my position as registerea agent.	
_	(Registered agent's sign	cature)	

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:
-----	-------	-----	----------	-----------	-----	----------	--------	------------

FILED SECRETARY OF STATE DIVISION OF CORPORATION
--

A. DIKI	ECTORS
hairman	2013 OCT 25 PM 2: 48
ddress:	
ice Chai	irman:
-	Amy Tseng
	8305 N.W. 27th Street. Ste.101
adiess.	Doral, Florida 33122
lirector:	Dr. Scheffer Tseng
	8305 N.W. 27th Street, Ste. 101
idai ess.	Doral, Florida 33122
. OFF	ICERS
resident:	
	•
ice Presi	ident:
ecretary:	Greg Collins
ddress:	8305 N.W. 27th Street, Ste. 101
reasurer:	Doral, Florida 33122
.ddress:	
	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
The offic re true a third de	Signature of Director or Officer ter or director signing this document (and who is listed in number 12 above) affirms that the facts stated here and that he or she is aware that false information submitted in a document to the Department of State constitu- tegree felony as provided for in s.817.155, F.S.  Ty Tseng

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



### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "AMNIOX MEDICAL, 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-SECOND DAY OF
OCTOBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

4966625 8300

131221464

AUTHENTYCATION: 0832230

DATE: 10-22-13

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