

F1300000 4694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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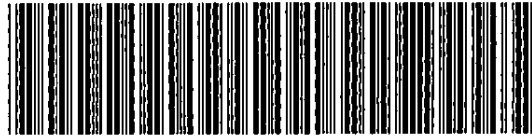
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
13 OCT 29 PM 1:59
2013 OCT 29 AM 8:12

1/4



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 863401 4304954

AUTHORIZATION :

COST LIMIT : \$70.00

ORDER DATE : October 29, 2013

ORDER TIME : 11:33 AM

ORDER NO. : 863401-005

CUSTOMER NO: 4304954

FOREIGN FILINGS

NAME: CRYPTZONE US INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: _____

**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. Cryptzone US 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. _____

(FEI number, if applicable)

4. 11/27/2002

(Date of incorporation)

5. perpetual

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

6. Upon Filing of Application

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

7. c/o Marie Landel & Associates, 185 Alewife Brook Parkway Suite 410, Cambridge MA 02138

(Principal office address)

c/o Marie Landel & Associates, 185 Alewife Brook Parkway Suite 410, Cambridge MA 02138

(Current mailing address)

8. To engage in 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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

Corporation Service Company

By: 
(Registered agent's signature)

Sue G. Knight
Assistant Vice President

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

A. DIRECTORS

Chairman: Einar Lindquist

Address: c/o BoneSupport AB, Stora Badhusgatan 18-20 SE-411 21 Sweden

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS [SEE ADDENDUM FOR ADDITIONAL OFFICER]

President: Einar Lindquist

Address: c/o BoneSupport AB, Stora Badhusgatan 18-20 SE-411 21 Sweden

Vice President: Sanford Leavenworth

Address: c/o BoneSupport AB, Stora Badhusgatan 18-20 SE-411 21 Sweden

Secretary: Albert L. Sokol, Esquire

Address: c/o Edwards Wildman Palmer LLP, 111 Huntington Avenue, Boston, MA 02199

Treasurer: Einar Lindquist

Address: c/o BoneSupport AB, Stora Badhusgatan 18-20 SE-411 21 Sweden

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.817.155, F.S.

14. Albert L. Sokol, Esquire, Secretary

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

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ADDENDUM

**TO
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

OF

CRYPTZONE US INC.

B. OFFICERS (continued)

Vice President: Scott DeSilva

Address: c/o BoneSupport AB, Stora Badhusgatan 18-20 SE-411 21 Sweden

Assistant Secretary: Marie Landel

Address: c/o Marie Landel & Associates, 185 Alewife Brook Parkway, Suite 410, Cambridge,
MA 02138

Assistant Secretary: Alexandra Suhas

Address: c/o Marie Landel & Associates, 185 Alewife Brook Parkway, Suite 410, Cambridge,
MA 02138

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CRYPTZONE US 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-NINTH DAY OF OCTOBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CRYPTZONE US INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF NOVEMBER, A.D. 2002.

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

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

3596193 8300

131244778



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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0849952

DATE: 10-29-13