

F 14000001396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

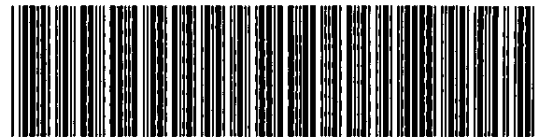
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/25/14--01003--014 **78.75

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3/28/14

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CHEETAH MEDICAL, 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:

SPENCER YOON

Name of Person

SAGENT MANAGEMENT

Firm/Company

1521 CALIFORNIA CIRCLE, 2ND FLOOR

Address

MILPITAS, CA 95035

City/State and Zip code

SYOON@SAGENTMANAGEMENT.COM

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

For further information concerning this matter, please call:

SPENCER YOON

Name of Person

at (**408**) **263-1040 X 103**

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

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**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. CHEETAH MEDICAL, 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. 27-2355188

(FEI number, if applicable)

4. 03/10/2010

(Date of incorporation)

5. PERPETUAL

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

6. 01/01/2014

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607 1501 & 607 1502, F.S., to determine penalty liability)

7. 600 SE MARITIME AVE, STE 220, VANCOUVER, WA 98661

(Principal office address)

600 SE MARITIME AVE, STE 220, VANCOUVER, WA 98661

(Current mailing address)

8. SALE OF MEDICAL 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: INCORPORATING SERVICES, LTD.

Office Address: 1540 GLENWAY DRIVE

TALLAHASSEE

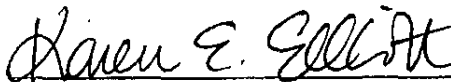
(City)

, 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.



(Registered agent's signature)

Karen E. Elliott, Assistant Secretary

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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: EDDY SHALEV

Address: 600 SE MARITIME AVE, SUITE 220

VANCOUVER, WA 98661

Director: ANTHONY MOSHAL

Address: 600 SE MARITIME AVE, SUITE 220

VANCOUVER, WA 98661

B. OFFICERS

President: YUVAL ROZEN (CFO)

Address: 600 SE MARITIME AVE, SUITE 220

VANCOUVER, WA 98661

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. 136 _____
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. YUVAL ROZEN (CFO) _____
(Typed or printed name and capacity of person signing application)

ATTACHMENT

CHEETAH MEDICAL, INC.

12. NAMES AND BUSINESS ADDRESSES OF OFFICERS AND/OR DIRECTORS

DIRECTORS

WALTER LIN

ADDRESS: 600 SE MARITIME AVE, STE 220, VANCOUVER, WA 98661

GAD TOREN

ADDRESS: 600 SE MARITIME AVE, STE 220, VANCOUVER, WA 98661

STEPHEN REEDERS

ADDRESS: 600 SE MARITIME AVE, STE 220, VANCOUVER, WA 98661

KEVIN RAKIN

ADDRESS: 600 SE MARITIME AVE, STE 220, VANCOUVER, WA 98661

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CHEETAH 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-FOURTH DAY OF JANUARY, A.D. 2014.

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1082511

DATE: 01-24-14