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| (Requestor's Name) | | | | |
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| (Address) | | | | |
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| (Address) | | | | |
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| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE



ACCOUNT NO. : 12000000195

REFERENCE : 126973

4302796

AUTHORIZATION

COST LIMIT

| ORDER | DATE | : | May | 9, | 2014 |
|-------|------|---|-----|----|------|

ORDER TIME: 2:37 PM

ORDER NO. : 126973-010

CUSTOMER NO: 4302796

File Second.

Preceeded by Withdrawal

FOREIGN FILINGS

NAME: IRADIMED CORPORATION

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray -- EXT# 62925

EXAMINER:

| TO: New Filing Section Division of Corporations SUBJECT: Iradimed Corpora | OVER LETTER | POR THE PROPERTY OF THE PARTY O |
|---|--|--|
| | corporation - must include suffix | Q; |
| Dear Sir or Madam: | | |
| | oration for Authorization to Transact Business in Flo Good Standing" and check are submitted to register sact business in Florida. | |
| Please return all correspondence concerning | this matter to the following: | |
| Kasey Hannah | | |
| K&L Gates LLP | Name of Person | |
| 10100 Santa Monica Blvd | Firm/Company ., 7th Fl | |
| | Address | |
| Los Angeles, CA 90067 | | |
| | City/State and Zip code | |
| kasey.hannah@klgates.com E-mail address: (to | o be used for future annual report notification) | <u></u> |
| For further information concerning this matter | er, please call: | |
| Kasey Hannah | ,310,552-5028 | |
| Name of Person | 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 Fe Certificate of St | | |

Certified Copy

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

| Iradimed Corporati | on | | P.S. |
|--|--|---------------|--|
| | ration; must include "INCORPORAT." ' "Inc," "Co," or "Corp.") | ED. | "COMPANY," "CORPORATION," |
| f name unavailable | n Florida, enter alternate corporate na | ine | adopted for the purpose of transacting business in Florida) |
| Delaware | | 3 | 73-1408526 |
| _ | r the law of which it is incorporated) | | (FEI number, if applicable) |
| April 8, 2014 | | 5. | Perpetual |
| (Date of it | ncorporation) | • | (Duration: Year corp. will cease to exist or "perpetual") |
| | | | |
| | (SEE SECTIONS 607.1501 & 60 | | n Florida, if prior to registration) 502, F.S., to determine penalty liability) |
| | (SEE SECTIONS 607.1501 & 60 , Winter Park, FL 32792 (Principal office |)7.15 | 502, F.S., to determine penalty liability) |
| *************************************** | (SEE SECTIONS 607.1501 & 60 , Winter Park, FL 32792 (Principal office e, Winter Park, FL 32792 |)7,15 addi | 502, F.S., to determine penalty liability) ress) |
| *************************************** | (SEE SECTIONS 607.1501 & 60 , Winter Park, FL 32792 (Principal office |)7,15 addi | 502, F.S., to determine penalty liability) ress) |
| 457 Aloma Avenue | (SEE SECTIONS 607.1501 & 60 Winter Park, FL 32792 (Principal office Winter Park, FL 32792 (Current mailing |)7,15 addi | 502, F.S., to determine penalty liability) ress) |
| 457 Aloma Avenue Engage in any lawl | (SEE SECTIONS 607.1501 & 60 Winter Park, FL 32792 (Principal office Winter Park, FL 32792 (Current mailing) | addı addı | 502, F.S., to determine penalty liability) ress) |
| 457 Aloma Avenue Engage in any lawl | (SEE SECTIONS 607.1501 & 60 Winter Park, FL 32792 (Principal office Winter Park, FL 32792 (Current mailing) | addi | ress) untry to be carried out in state of Florida) |
| 457 Aloma Avenue Engage in any lawl (Purpose(s) of a | (SEE SECTIONS 607.1501 & 60 4, Winter Park, FL 32792 (Principal office 4, Winter Park, FL 32792 (Current mailing ful act or activity. | addi | ress) untry to be carried out in state of Florida) |
| 457 Aloma Avenue Engage in any lawl (Purpose(s) of contact additional and street additional additi | (SEE SECTIONS 607.1501 & 60 c, Winter Park, FL 32792 (Principal office e, Winter Park, FL 32792 (Current mailing ful act or activity. corporation authorized in home state of dress of Florida registered agent: | addi | ress) untry to be carried out in state of Florida) |
| Engage in any lawl (Purpose(s) of o Name and street add Name: Ce Address: | (SEE SECTIONS 607.1501 & 60 c, Winter Park, FL 32792 (Principal office e, Winter Park, FL 32792 (Current mailing ful act or activity. corporation authorized in home state of the state o | addi | ress) untry to be carried out in state of Florida) |

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

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:

| DIRECTORS | 2.0 |
|---|------------------------------------|
| James Hawkins nirman: | |
| dress: c/o Iradimed Corporation, 7457 Aloma Avenue, Winter Park, FL 32792 | <u> </u> |
| | |
| Roger Susi | 20 |
| c/o tradimed Corporation, 7457 Aloma Avenue, Winter Park, FL 32792 | |
| Press: | |
| Monty Allen | |
| c/o Iradimed Corporation, 7457 Aloma Avenue, Winter Park, FL 32792 | |
| ress: | |
| Serge Novovich | 100 200 00000 0000 0000 0000 |
| c/o Iradimed Corporation, 7457 Aloma Avenue, Winter Park, FL 32792 | |
| | |
| OFFICERS | |
| Roger Susi | |
| c/o Iradimed Corporation, 7457 Aloma Avenue, Winter Park, FL 32792 | · |
| ess: | · |
| President: | |
| ess: | |
| | |
| Chris Scott | |
| c/o Iradimed Corporation, 7457 Aloma Avenue, Winter Park, FL 32792 | |
| Chris Scott | |
| c/o Iradimed Corporation, 7457 Aloma Avenue, Winter Park, FL 32792 | |
| ess: | |
| FE: If necessary, you may attach an addendum to the application listing additional | Tofficers and/or directors. |
| Signature of Director or Officer | |
| officer or director signing this document (and who is listed in number 12 above) at | |
| rue and that he or she is aware that false information submitted in a document to the | he Department of State constitutes |
| rd degree felony as provided for in s.817.155. F.S. | |
| (Typed or printed name and capacity of person signing applica | ation) |

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "IRADIMED CORPORATION" 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 NINTH DAY OF MAY, A.D.

2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IRADIMED CORPORATION" WAS INCORPORATED ON THE EIGHTH DAY OF APRIL, A.D. 2014.

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

5510462 8300

140599499

Jeffrey W Bullock, Secretary of State

AUTHENTYCATION: 1360279

DATE: 05-09-14

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