

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-5381

From: Account Name : SPIEGEL & UTRERA, P.A.  
Account Number : FCA000000001  
Phone : (305) 854-6000  
Fax Number : (305) 860-2076

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

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION  
DISTLER MEDICAL CORPORATION**

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

cf 8/1/14

7/31/2014

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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. DISTLER MEDICAL CORPORATION

(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. APPLIED FOR

(FEI number, if applicable)

## 4. 07/22/2014

(Date of incorporation)

## 5. PERPETUAL

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

## 6. UPON FILING

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

## 7. 444 Brickell Avenue, Suite 51132, Miami, FL 33131

(Principal office address)

444 Brickell Avenue, Suite 51132, Miami, FL 33131

(Current mailing address)

## 8. Any lawful business or activities under the laws of the State of Florida and the United States.

(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: SPIEGEL & UTRERA, P.A.

Office Address: 1840 SW 22nd Street, 4th Floor

Miami

(City)

, Florida 33145

(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.

SPIEGEL & UTRERA, P.A.

By: Natalia Utrera - VICE PRESIDENT  
NATALIA UTRERA (Registered agent's signature)

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: Lukas Peter DistlerAddress: 444 Brickell Avenue, Suite 51132  
Miami, Florida 33131

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**President: Lukas Peter DistlerAddress: 444 Brickell Avenue, Suite 51132  
Miami, Florida 33131

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Martin KesselAddress: 444 Brickell Avenue, Suite 51132, Miami, FL 33131Treasurer: Martin KesselAddress: 444 Brickell Avenue, Suite 51132, Miami, FL 33131

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. Lukas Peter Distler, President

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

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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 "DISTLER MEDICAL 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 TWENTY-FIFTH DAY OF JULY, A.D. 2014.

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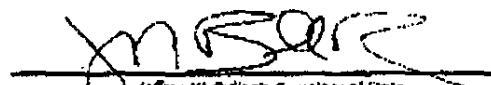
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Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1569543

DATE: 07-25-14