

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

Office Use Only

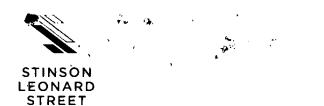


500265707915

500265767915 10/28/14--01017--006 \*\*78.75

14 OCT 28 PM I2: 30

OCT 2 9 2014. S. GILBERT



Gail Partlow

612.335.1636 DIRECT

612.335.1657 DIRECT FAX
gail.partlow@stinsonleonard.com

October 27, 2014

VIA FEDERAL EXPRESS

Florida Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: dorsaVi USA, Inc.

Our File No: 3001477-0002

Dear Sir/Madam:

Enclosed for filing is an Application by Foreign Corporation for Authorization to Transact Business in Florida for dorsaVi USA, Inc., together with a good standing certificate from the Delaware Secretary of State.

Please file the application and prepare one certified copy. A check in the amount of \$78.75 is enclosed to cover the \$70 filing fee plus \$8.75 for the certified copy.

Please return the certified copy to the undersigned in the self-addressed envelope provided. Thank you.

Sincerely,

STINSON LEONARD STREET LLP

Gail Partlow Paralegal

/gep Encs.

10224505501

### **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: dorsaVi USA, Inc.		
	n - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Sta above referenced foreign corporation to transact busin	nding" and check are submitted to register the	
Please return all correspondence concerning this matter	er to the following:	
Gail Partlow		
Name of	Person	
Stinson Leonard Street LLP		
Firm/Cor	npany	
150 South 5th Street, Suite 2300		
Add	ress	
Minneapolis, MN 55402		
City/State	and Zip code	
gail.partlow@stinsonleonard.com		
E-mail address: (to be used	for future annual report notification)	
For further information concerning this matter, please	call:	
Gail Partlow	335-1636	
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 Fee & Certificate of Status	\$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy	

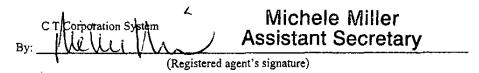
# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

dorsaVi USA, Inc.				
	ration; must include "INCORPORATE "Inc," "Co," or "Corp.")	D,"	"COMPANY," "CORPORATION,"	
(If name unavailable i	n Florida, enter alternate corporate nan	ne a	adopted for the purpose of transacting business in Florida)	
Delaware 2.	•	3.	47-0997449	
	ler the law of which it is incorporated)	٦.	(FEI number, if applicable)	
May 19, 2014		5.	Perpetual	
(Date of in	acorporation)	٠.	(Duration: Year corp. will cease to exist or "perpetual")	
6.				
	(Date first transacted busines	s in	Florida, if prior to registration) 02, F.S., to determine penalty liability)	
_ 2415 Annapolis Lane	No., Suite 109, Plymouth, MN 55441	/ . l	702, F.S., to determine penalty hability)	
7	(Principal office a	ıddı	ress)	
2415 Annapolis Lane	No., Suite 109, Plymouth, MN 55441		<b>元</b> ,	
(Current mailing address)				
			90CT	
8. Name and street ad	dress of Florida registered agent: (	P.C	D. Box NOT acceptable)	
Name:	C T Corporation System			
Office Address:	1200 South Pine Island Road		PHI IZ: 3	
	Plantation		Florida 33324	
	(City)		(Zip code)	

#### 9. 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.



10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS John Kowalczyk Chairman: 2415 Annapolis Lane North, Suite 109, Plymouth, MN 55441 Andrew Ronchi XXXXXXXXXXXXXX 1 Beaver Street, East Malvern, Vic, AUS 3145 Address: Jerome Whelan 14 Fakenham Road, Ashburton, Vic, AUS 3147 Address: **B. OFFICERS** John Kowalczyk President: 2415 Annapolis Lane North, Suite 109, Plymouth, MN 55441 Andrew Ronchi 1 Beaver Street, East Malvern, Vic, AUS 3145 Jerome Whelan · Secretary: 14 Fakenham Road, Ashburton, Vic, AUS 3147 Jerome Whelan Treasurer: 14 Fakenham Road, Ashburton, Vic, AUS 3147 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. 13. John Kowalczyk, President

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

# Delaware

PAGE 3

## The First State

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

DELAWARE, DO HEREBY CERTIFY "DORSAVI USA, 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-THIRD DAY OF

OCTOBER, A.D. 2014.

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

5535949 8300

141325036

AUTHENTICATION: 1803416

DATE: 10-23-14

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