Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000259614 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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 INVIVOLINK, INC.

Certificate of Status	0
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Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

11/6/2014

COVER LETTER

•			
TO: New Filing Section Division of Corporations			
la Vival into Inc			
SUBJECT:	of corporativ	on - must include suffix	
	or corporation	a - must metude suttix	
Dear Sir or Madam:			
The enclosed "Application by Foreign C "Certificate of Existence," or "Certificate above referenced foreign corporation to the component of th	e of Good St	anding" and check are sul	et Business in Florida," omitted to register the
Please return all correspondence concern	ing this matt	er to the following:	
Margaret Alexander	-	·	
	Name o	Person	
	Firm/Co	Induna	
150 3rd Avenue South, Ste 2800			
	Add	ress	
Nashville, TN 37201			
, , , , , , , , , , , , , , , , , , , ,	City/State	and Zip code	
jbass@invivolink.com			
E-mail address	s: (to be used	for future annual report	notification)
For further information concerning this n	natter, please	call:	
Margaret Alexander	at (615	259-6721	
Name of Person	Area	Code & Daytime Teleph	one Number
STREET/COURIER ADDRES New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallnbassee, FL 32301	S:	MAILING A New Filing Se Division of Co P.O. Box 6327 Tailahassee, F	ction prporations
Enclosed is a check for the following amo	ount:		
□ \$70.00 Filing Fee □ \$78.75 Filing Certificate of		3 \$78.75 Filing Fee & Certified Copy	\$87.50 Fiting Fee, 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

InVivoLiuk, Inc.			Ĵ
Enter name of corport Inc.," "Co.," "Corp,"	stion; :nust include "INCORPORATED "[nc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"	ر -
If name unavailable in	n Ftorida, enter alternate corporate name	adopted for the purpose of transacting business in Florida	-
Delaware	3		
(State or country und	er the law of which it is incorporated)	(FEI number, !l'applicable)	_
4/1/2008	5	perpetual	
(Date of in	corporation)	(Duration: Year corp. will cease to exist or "perpetual")
upon qualification			
	(Date first transacted business	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
204 Charlotte Avenue	, Nashville, Tennessee 37203	1992,11.5., to determine penalty flating)	
		dress)	_
	(Principal office ad	dress)	_
2204 Charlotte Avenus	(Principal office ad ;, Nashville, Tennessee 37203 (Current mailing ad	dress)	_
2204 Charlotte Avenue Name and street add Name:	(Principal office ad ; Nashville, Tennessee 37203 (Current mailing ad ress of Florida registered agent: (P NRAl Services, Inc.	dress)	_
2204 Charlotte Avenue Name and street add Name:	(Principal office ad ; Nashville, Tennessee 37203 (Current mailing ad ress of Florida registered agent: (P NRAI Services, Inc. 1200 South Pine Island Road	O. Box NOT acceptable)	_
2204 Charlotte Avenue Name and street add Name:	(Principal office ad ; Nashville, Tennessee 37203 (Current mailing ad ress of Florida registered agent: (P NRAI Services, Inc. 1200 South Pine Island Road	dress)	_
Name and street add Name: Name: Name: Registered agent's ving been named as ignated in this appliture agree to comply	(Principal office ad ;, Nashville, Tennessee 37203 (Current mailing ad ress of Florida registered agent: (P NRAI Services, Inc. 1200 South Pine Island Road Plantation (City) acceptance: registered agent and to accept serication, I hereby accept the appoint	O. Box NOT acceptable) , Florida	aci
Name and street add Name: Name: Name: Registered agent's eving been named as ignated in this applificer, and I am famili	(Principal office ad ; Nashville, Tennessee 37203 (Current mailing ad ress of Florida registered agent: (P NRAI Services, Inc. 1200 South Pine Island Road Plantation (City) acceptance: registered agent and to accept serication, I hereby accept the appoint of with the provisions of all statutes ar with and accept the obligations	O. Box NOT acceptable) , Florida	aci
Name and street add Name: Tice Address: Registered agent's ving been named as signated in this applifier, and I am famili	(Principal office ad ; Nashville, Tennessee 37203 (Current mailing ad ress of Florida registered agent: (P NRAI Services, Inc. 1200 South Pine Island Road Plantation (City) acceptance: registered agent and to accept services in a large of the appoint of the provisions of all statutes	O. Box NOT acceptable) , Florida	aci

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. Nomes and business addresses of afficers and/or directors.	20 7
11. Names and business addresses of officers and/or directors:	55. 6
A. DIRECTORS Ryen Wolls	
2204 Charlotte Avenue	- 155 or
Address: Nashville, TN 37203	3
Director John Hass	
2204 Charlotic Avenue.	- 85 8
Nashville, TN 37203	<u></u>
Tom Hawes	
Director: 2204 Charlotte Avenue	
Address: Nashvillo, TN 37203	
Dr. Ravi and Jon Foster	
Director: 2204 Charlotte Avenue	
Address: Nashville, Tennessee 37203	
CMV C SOSMOTHOL (SUITSBEAM)	
B. OFFICERS	
President: Ryan Wells	~
Address: 2204 Charlotte Avenue, Nashville, TN 37203	
	
Vice President:	
Address:	
	<u></u>
Secretary: John Bass	
Address: 2204 Charlotte Avenue, Nashville, TN 37203	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directed	ors.
12	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts sta are true and that he or she is aware that false information submitted in a document to the Department of State a third degree felony as provided for in s.817.155, F.S.	ted herein constitutes
13. John Bass, Secretary (Typed or printed name and capacity of person signing application)	·····
(1 Aben or burnes usine and exhacits of beigott silking abbitcation)	

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INVIVOLINK, 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 SIXTH DAY OF NOVEMBER, A.D. 2014.

AND I DO HERBBY FURTHER CERTIFY THAT THE SAID "INVIVOLINK, INC." WAS INCORPORATED ON THE FIRST DAY OF APRIL, A.D. 2008.

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

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

4527735 8300

141379303

DATE: 11-06-14