

F14000004891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

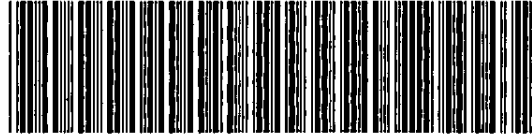
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600266579776

11/17/14--01034--001 **78.75

RECEIVED
14 NOV 17 PM 2:58
FALLS CHURCH, VA

11/19/14 ch

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: EVOQ 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:

ANDREW B. LEVY

Name of Person

HARRISON SALE McCLOY

Firm/Company

304 MAGNOLIA AVENUE

Address

PANAMA CITY, FL 32401

City/State and Zip code

ALEVY@HSMCLAW.COM

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

For further information concerning this matter, please call:

ANDREW B. LEVY

Name of Person

at (850) 769-3434

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

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. EVOQ 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. 47-2313733

(FEI number, if applicable)

4. SEPTEMBER 25, 2014

(Date of incorporation)

5. PERPETUAL

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

6. _____

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

7. 100 N. RICHARD JACKSON BLVD, SUITE 130

(Principal office address)

PANAMA CITY BEACH, FL 32407

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: ANDREW B. LEVY

Office Address: 304 MAGNOLIA AVENUE

PANAMA CITY

(City)

, Florida 32401

(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.


(Registered agent's signature)

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.

FILED
NOV 17 PM 2:59
TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: REUBEN BUCKAREFF

Address: 100 N. RICHARD JACKSON BLVD, SUITE 130
PANAMA CITY BEACH, FL 32407

Vice Chairman: AARON MASI

Address: 100 N. RICHARD JACKSON BLVD, SUITE 130
PANAMA CITY BEACH, FL 32407

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: REUBEN BUCKAREFF

Address: 100 N. RICHARD JACKSON BLVD, SUITE 130
PANAMA CITY BEACH, FL 32407

Vice President: _____

Address: _____


Secretary: _____

Address: _____

Treasurer: AARON MASI

Address: 100 N. RICHARD JACKSON BLVD, SUITE 130, PANAMA CITY BEACH, FL 32407

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

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 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. REUBEN BUCKAREFF, PRESIDENT

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF INCORPORATION OF "EVOQ MEDICAL, INC.", FILED IN THIS OFFICE ON THE TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2014, AT 12:54 O'CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.



5610269 8100

141221724

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1741955

DATE: 09-30-14