

F14000005175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

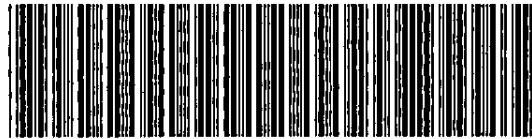
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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OFFICE OF THE CLERK  
TALLAHASSEE, FL 32304

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** DUNE MEDICAL DEVICES, 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:

SHEILA LANZALOTTO

Name of Person

DUNE MEDICAL DEVICES, INC.

Firm/Company

43 LEOPARD RD BUILDING 2 SUITE 302

Address

PAOLI, PA 19301

City/State and Zip code

SHEILA.LANZALOTTO@DUNEMEDICAL.COM

SHEILA.LANZ@DUNEMEDICAL.COM

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

For further information concerning this matter, please call:

SHEILA LANZALOTTO

Name of Person

at 484-320-7536 EXT 101

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. DUNE MEDICAL DEVICES, 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. 26-0375492

(FEI number, if applicable)

4. 6/4/2007

(Date of incorporation)

5. PERPETUAL

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

6. 10/20/2014

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

7. 43 LEOPARD ROAD BUILDING 2, SUITE 302 PAOLI, PA 19301

(Principal office address)

43 LEOPARD ROAD BUILDING 2, SUITE 302 PAOLI, PA 19301

(Current mailing address)

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

Name: CORPORATE SERVICE COMPANY

Office Address: 1201 HAYS ST

TALLAHASSEE

(City)

, Florida 32301

(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.*

Emily Gray  
(Registered agent's signature)

Emily Gray  
Asst. Vice President

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.

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

## A. DIRECTORS

Chairman: AMOS GORENAddress: 43 LEOPARD ROAD BUILDING 2, SUITE 302 PAOLI, PA 19301Vice Chairman: GARY WEEAddress: 43 LEOPARD ROAD BUILDING 2, SUITE 302 PAOLI, PA 19301Director: DAN HASHIMSHONYAddress: 43 LEOPARD ROAD BUILDING 2, SUITE 302 PAOLI, PA 19301Director: DANIEL J. LEVANGIEAddress: 43 LEOPARD ROAD BUILDING 2, SUITE 302 PAOLI, PA 19301

## B. OFFICERS

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

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

Vice President: WILLIAM F. GEARHARTAddress: 43 LEOPARD ROAD BUILDING 2, SUITE 302 PAOLI, PA 19301

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.12. William F. Gearhart

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. WILLIAM F. GEARHARTVP Marketing and Sales  
(Typed or printed name and capacity of person signing application)

# Delaware

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*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DUNE MEDICAL DEVICES, 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 TENTH DAY OF NOVEMBER, A.D. 2014.

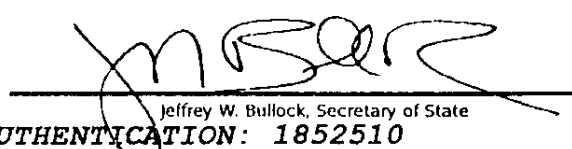
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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1852510

DATE: 11-10-14