

F15000000037

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.

(((H15000002429 3)))



H150000024293ABCX

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

## To:

Division of Corporations  
Fax Number : (850) 617-6381

## From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC  
Account Number : I20020000094  
Phone : (770) 777-2091  
Fax Number : (770) 220-1943

**\*\*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  
KURZ MEDICAL, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$720.00

\$770.00

*Should be no penalty  
until after March 1st.  
Thank you!*

RECEIVED  
15 JAN -5 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
15 JAN -5 AM 9:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN - 6 2015

A. DUNLAP

**COVER LETTER**

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

**SUBJECT:** KURZ 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:

ELISSA HART

Name of Person

SMITH, GAMBRELL & RUSSELL, LLP

Firm/Company

1230 PEACHTREE ST., SUITE 3100

Address

ATLANTA, GA 30309

City/State and Zip code

EHART@SGRLAW.COM

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

For further information concerning this matter, please call:

ELISSA HART

at (404) 815-3500

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 & 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. KURZ 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. GEORGIA

(State or country under the law of which it is incorporated)

3. N/A

(FEI number, if applicable)

4. 2/20/2000

(Date of incorporation)

5. PERPETUAL

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

6. 9/1/2014

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

7. 5126 SOUTH ROYAL ATLANTA DR., TUCKER, GA 30084

(Principal office address)

5126 SOUTH ROYAL ATLANTA DR., TUCKER, GA 30084

(Current mailing address)

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

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida

33324

(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.

By: Sharon K. Kueh  
NRAI Services, Inc.

(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  
15 JAN -5 AM 9:14  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



## STATE OF GEORGIA

Secretary of State  
Corporations Division  
313 West Tower  
#2 Martin Luther King, Jr. Dr.  
Atlanta, Georgia 30334-1530

CONTROL NUMBER : 0008661  
DATE INC/AUTH/FILED : February 20, 2000  
JURISDICTION : Georgia  
PRINT DATE : January 05, 2015

### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**KURZ MEDICAL, INC.**  
A Domestic For-Profit Corporation

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



*B. P. Kemp*

Brian P. Kemp  
Secretary of State

FILED  
15 JAN -5 AM 9:14  
SECRETARY OF STATE  
ATLANTA, GEORGIA

Tracking #: IVUPvyH4

(((H15000002429 3)))