

f/15000000626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

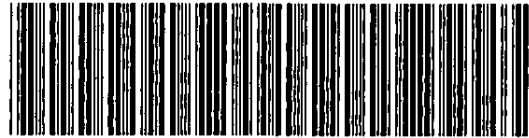
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

W/4-74706



400267386054

12/15/14--01003--019 **70.00

FILED
15 FEB 12 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 16 2015
S. GILBERT

MILLER & ASSOCIATES P.C.

2864 Carpenter Rd., Suite 100
Ann Arbor, MI 48108-1192
Office 734-971-3900
Fax 734-971-5045
email: pmiller@millerpc.com
www.millerpc.com

Certified Public Accountants
Paulette R. Miller, CPA, CVA
Janice L. Stevens Horwood, CPA
Patsy R. Aiken, CPA
Robert M. Horwood, CPA
Matthew L. Wilkins, CPA

Florida Office
4440 Sandpebble Trace #103
Stuart, FL 34996

January 28, 2015

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314


Re: Letter #414A00026559
FLEXDEX, INC.
Ref.# W14000074706

To whom it may concern:

On behalf of our client FLEXDEX, INC. we are mailing you the **original** certificate of good standing which was requested with the business registration. We believe this is the last document that you need, as we already sent the application with the check of \$70.

Thank you for your attention to this matter. Please finalize this registration for FLEXDEX, INC. Please call with any questions.

Very truly yours,


Miller & Associates, P.C.

Patsy Aiken, CPA

Enclosed:

- Original certificate of good standing
- Copy of your letter dated 12/16/14
- Copy of application of business registration



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 FEB -2 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 16, 2014

DR. THOMAS W. DAVIDSON
5963 ROLLINGWOOD DRIVE
ANN ARBOR, MI 48103-8800

SUBJECT: FLEXDEX, INC.
Ref. Number: W14000074706

We have received your document for FLEXDEX, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 414A00026559

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: FLEXDEX, 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:

DR. THOMAS W. DAVISON

Name of Person

FLEXDEX, INC.

Firm/Company

5963 ROLLINGWOOD DRIVE

Address

ANN ARBOR, MI 48103-8800

City/State and Zip code

tom.davison@flexdexsurgical.com

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

For further information concerning this matter, please call:

DR. THOMAS W. DAVISON at (774) 571-9558

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:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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. **FLEXDEX, 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. **47-1486477**

(FEI number, if applicable)

4. **07/23/2014**

(Date of incorporation)

5. **PERPETUAL**

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

6. **11/01/2014**

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

7. **5963 ROLLINGWOOD DR, ANN ARBOR MI 48103**

(Principal office address)

5963 ROLLINGWOOD DR, ANN ARBOR MI 48103

(Current mailing address)

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

Name: **THOMAS W. DAVISON**

Office Address: **7991 TIGER LILY DR.**

NAPLES


(City)

, Florida **34113**

(Zip code)

9. Registered agent's acceptance:

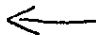
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative 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
19 FEB 12 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

A. DIRECTORS

Chairman: DR. THOMAS DAVISON

Address: 7991 TIGER LILY DR.

NAPLES, FL 34113

Vice Chairman: _____

Address: _____

Director: JAMES D. GEIGER

Address: 2457 BROOKVIEW DR.

OTTAWA HILLS, OH 43651

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: SHORYA AWTAR

Address: 5963 ROLLINGWOOD DR, ANN ARBOR MI 48103

Treasurer: GREGORY B. BOWLES

Address: 9367 PRESERVE DR, FENTON MI 48430

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. DR. THOMAS W. DAVISON

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

Delaware

PAGE 1

The First State

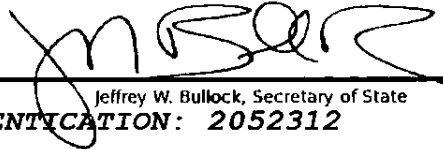
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FLEXDEX, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF JANUARY, A.D. 2015.



5573933 8300

150069608

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2052312

DATE: 01-20-15