

F15000002214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

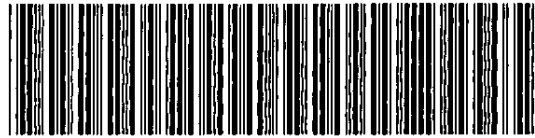
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400272967024

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CONSULAR AFFAIRS
15 MAY 20 PM 4:24
TO AC AND ALDORE
SUFFICIENCY OF FILING

15 MAY 20 AM 8:27
ATLANTA, GEORGIA
FLORIDA

MD 5/21

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 636324 8010754

AUTHORIZATION

COST LIMIT : \$ 70.00

15 MAY 20 AM 8:27
Tallahassee, Florida

ORDER DATE : May 20, 2015

ORDER TIME : 2:04 PM

ORDER NO. : 636324-005

CUSTOMER NO: 8010754

FOREIGN FILINGS

NAME: MDREJUVENA, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MDrejuvena, 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:

Kathleen Scott

Name of Person

MDrejuvena, Inc.

Firm/Company

3525 Del Mar Heights Road, Suite 609

Address

San Diego, CA 92130

City/State and Zip code

kscott@mdrejuvena.com

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

For further information concerning this matter, please call:

Kathleen Scott

at (888) 637-3003 x34

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 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. MDrejuvena, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DE 3. 47-1661658
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/31/13 5. perpetual
(Date of incorporation) (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. 5810 Nancy Ridge Drive, Suite 100, San Diego, CA 92121
(Principal office address)
3525 Del Mar Heights Road, Suite 609, San Diego, CA 92130
(Current mailing address)

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


Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee Florida 32301
(City) (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.

Corporation Service Company

Lydia Cohen
Asst. Vice President

By: 
(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.

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

A. DIRECTORS

Chairman: David F. Hale

Address: 3525 Del Mar Heights Road, Suite 609

San Diego, CA 92130

Vice Chairman: _____

Address: _____

Director: Diane Goostree

Address: 3525 Del Mar Heights Road, Suite 609

San Diego, CA 92130

Director: Gerald Proehl

Address: 3525 Del Mar Heights Road, Suite 609

San Diego, CA 92130

B. OFFICERS

President: David F. Hale

Address: 3525 Del Mar Heights Road, Suite 609

San Diego, CA 92130

Vice President: Kathleen Scott

Address: 3525 Del Mar Heights Road, Suite 609

San Diego, CA 92130

Secretary: Kathleen Scott

Address: 3525 Del Mar Heights Road, Suite 609, San Diego, CA 92130

Treasurer: Kathleen Scott

Address: 3525 Del Mar Heights Road, Suite 609, San Diego, CA 92130

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. Kathleen Scott, Chief Financial Officer

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

Delaware

The First State

PAGE 1

15 MAY 20 AM 8:27

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MDREJUVENA, 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 MAY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MDREJUVENA, INC." WAS INCORPORATED ON THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2013.

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

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

5458326 8300

150722031



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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2394651

DATE: 05-20-15