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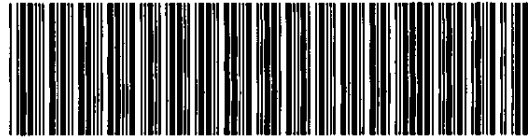
(Business Entity Name)

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TALLAHASSEE, FLORIDA

SEP 28 2015

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 20Med, 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:
Robert R. Rosen CPA

Name of Person
Gerstle, Rosen & Goldenberg, PA
Firm/Company
3835 NW Boca Raton Blvd., Ste 100
Address
Boca Raton, FL 33431
City/State and Zip code
RRosen@grgcpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert R. Rosen, CPA	561	447-4000
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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

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**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. 20Med, 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 3. 61-1747751
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 9, 2014 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. September 17, 2015
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 80 SW 8th Street, Suite 2000, Miami, FL 33130
(Principal office address)

(Current mailing address, if different)

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


Name: Robert R. Rosen, CPA

Office Address: 3835 NW Boca Raton Blvd., Suite 100

Boca Raton, Florida 33431
(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.



(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.

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

A. DIRECTORS

Chairman: Piyush Seth
Address: 80 SW 8th Street, Suite 2000
Miami, FL 33130

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

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B. OFFICERS

President: Piyush Seth
Address: 80 SW 8th Street, Suite 2000
Miami, FL 33130

Vice President: _____
Address: _____

Secretary: _____
Address: _____

Treasurer: _____
Address: _____

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 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. PIYUSH SETH
(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 "20MED INC.", FILED IN THIS OFFICE ON THE NINTH DAY OF OCTOBER, A.D. 2014, AT 6:01 O'CLOCK P.M.

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

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TALLAHASSEE, FLORIDA

5618898 8100

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

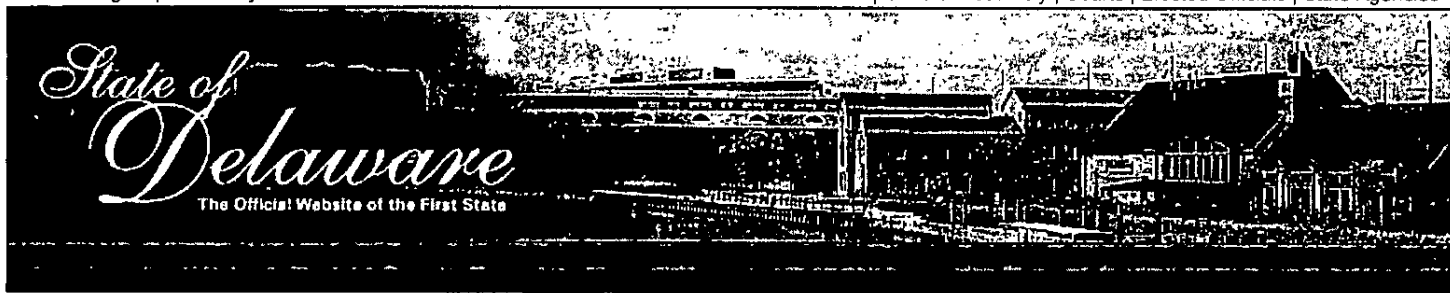



Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1771371

DATE: 10-10-14

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Department of State: Division of Corporations

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Entity Details

THIS IS NOT A STATEMENT OF GOOD STANDING

<u>File Number</u>	5618898	<u>Incorporation Date/Formation Date</u>	10/09/2014 (mm/dd/yyyy)
<u>Entity Name</u>	20MED INC.		
<u>Entity Kind</u>	CORPORATION	<u>Entity Type</u>	GENERAL
<u>Residency</u>	DOMESTIC	<u>State</u>	DE

REGISTERED AGENT INFORMATION

Name:	VCORP SERVICES, LLC		
Address:	1811 SILVERSIDE RD		
City:	WILMINGTON	County:	NEW CASTLE
State:	DE	Postal Code:	198104345
Phone:			

Additional Information is available for a fee. You can retrieve Status for a fee of \$10.00 or more detailed information including current franchise tax assessment, current filing history and more for a fee of \$20.00.

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