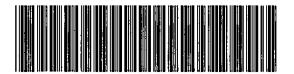
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(Re	equestor's Name)				
(Address)					
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PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
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Wyrick Robbins Yates & Ponton LLP
ATTORNEYS AT LAW

4101 Lake Boone Trail, Suite 300, Raleigh, NC 27607

PO Drawer 17803, Raleigh, NC 27619

P: 919.781.4000 F: 919.781.4865 www.wyrick.com

October 30, 2015

VIA FEDERAL EXPRESS

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

RE: Singular Medical Technologies, Inc.

Dear Sir or Madam:

Enclosed please find the following documents in connection with Singular Medical Technologies, Inc. , a Delaware corporation (the "Corporation"), qualification to do business in Florida as set forth believe.

- 1. Application by Foreign Corporation for Authorization to Transact Businessin Florida (the Application);
- 2. Letter from Roberta Cove releasing the company name and authorizing the Corporation use the name;
- 3. Check made payable to the Florida Department of State in the amount of \$87.56 to cover the Application filing fee; and
- 4. Certificate of Good Standing issued by the Delaware Secretary of State's Office effective October 30, 2015.

Please provide us with a certified copy of the enclosed Application and return it to us in the enclosed self-addressed stamped envelope.

Sincerely,

WYRICK ROBBINS YATES & PONTON LLP

Lori J. Fryar

North Carolina State Bar Certified Paralegal

Enclosures

October 6, 2015

Florida Registration Section **Division of Corporation** Post Office Box 6327 Tallahassee, FL 32314

RE: Singular Medical Technologies, Inc.

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Dear Sir or Madam:

The undersigned filed Articles of Dissolution with the Florida Division of Corporations to voluntary dissolve Singular Medical Technologies, Inc., a Florida corporation, effective August 31, 2015. The undersigned does not intend to reinstate the Florida corporation and hereby releases the corporate name effective immediately in order to permit Singular Medical Technologies, Inc., a Delaware corporation to use the name upon filing of an Application by Foreign Corporation for Authorization to Transact Business in Florida.

Sincerely,

COVER LETTER

TO: Registration Section Division of Corporations	
Singular Medical Technologies, 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: Christopher Poe	
Name of Person	_
Wyrick Robbins Yates & Ponton LLP	
Firm/Company	_
4101 Lake Boone Trail, Suite 300	
Raleigh, North Carolina 27607	
City/State and Zip code cpoe@wyrick.com	
E-mail address: (to be used for future annual report notification)	ン
For further information concerning this matter, please call:	
Lori J. Fryar, NCCP 919 781-4000 at ()	
Name of Person Area Code Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 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 & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy	ıs &

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.	Singular Medical Technologies, Inc.				
-,		orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATI	ON,"	
	(If name unavaila	able in Florida, enter alternate corporate name a	adopted for the purpose of transaction	cting business in Florida)	
Delaware 26-1923656 2. 3.		26-1923656	656		
	(State or countr	y under the law of which it is incorporated)	(FEI number, if	applicable)	
4.	August 24, 2015	5 5.	perpetual	`	
	(Date	of incorporation)	(Date of duration, if other	ner than perpetual)	
6.		August 24, 2015		•	
		(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15		bility)	
7.	529 East Central.	Avenue, Winter Haven, Florida 33880			
٠٠-	, , , , , , , , , , , , , , , , , , , 	(Princip	al office address)		
	•	·		7/2 2	
•		(Current mailin	g address, if different)	CORE IS	
8.	Name and stree	et address of Florida registered agent: (P.C). Box NOT acceptable)	SSE	
	Name:	Gordon R. Ellery III		FOF A	
Oi	ffice Address:	529 East Central Avenue		D: 46 ORIDA	
		Winter Haven	33880 , Florida	,c — —	
		(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.

	es and business addresses of officers and/or directors: ECTORS	
Chairman:		
		······································
-		
Director	: Louise Feagley	
Address:	529 Fast Central Avenue	
_	Winter Haven, FL 33880	
Director:	Gordon R. Ellery III	
Address:	529 East Central Avenue	
	Winter Haven, Florida 33880	
Director:	Richard Prati	
Address:	529 East Central Avenue	
, radi 000.	Winter Haven, Florida 33880	
B. OFFI	CERS	
President:	Gordon R. Ellery III	
	529 East Central Avenue	SEG 25
Address:	Winter Haven, Florida 33880	
*** ~ .	•	<u> جو چي</u>
	dent:	
Address:		9
Secretary:	Louise Feagley	
·	529 East Central Avenue, Winter Haven, Florida 33880	***************************************
Address:		
		At a part to the state of the s
Address:		
	If necessary, you may attach an addendum to the application listing additional off	ficers and/or directors.
12ح	Signature of Director or Officer	
are true a a third de	er or director signing this document (and who is listed in number 11 above) affirm and that he or she is aware that false information submitted in a document to the Engree felony as provided for in s.817.155, F.S. don R. Ellery III, President	

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

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SINGULAR MEDICAL TECHNOLOGIES, 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 THIRTIETH DAY OF OCTOBER,

A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SINGULAR MEDICAL TECHNOLOGIES, INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF AUGUST, A.D. 2015.

at corn delaware gov/auti

Authentication: 10333968

Date: 10-30-15