Division of Corporations
Electronic Filing Cover Sheet

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	Division of Co	roorations	(2) 第
	Fax Number	: (850) 617-6383	fri
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From:	Account Name	: C T CORPORATION SYSTEM	
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	Fax Number	: (850)878-5368	

FOREIGN PROFIT/NONPROFIT CORPORATION

Reticare, Inc.

Certificate of Status	0
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Page Count	05
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SECRETARY OF STATE
TALLAHASSEE, FI ORINA

Electronic Filing Menu

Corporate Filing Menu

Help

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COVER LETTER

TO: Registration Section Division of Corporations	S	
SUBJECT: RETICARE, INC.		
SUBJECT:	Name of corporation - 1	nust include suffix
Dear Sir or Madam:		
	ertificate of Good Standing	thorization to Transact Business in Florida," ng" and check are submitted to register the in Florida.
Please return all correspondence	concerning this matter to	the following:
Francisco Olmedo		
	Name of Per	rson
K&L Gates LLP		
	Firm/Compa	пу
925 Fourth Avenue, Suite 2900		
	Address	
Seattle, WA 98104	·	
· · · · · · · · · · · · · · · · · · ·	City/State and	Zip code
francisco.olmedo@klgates.com		
E-mai	I address: (to be used for	future annual report notification)
For further information concerning	ng this matter, please call	:
Francisco Olmedo 206 3		270 7806
Name of Person	at (206 Area Code	Darting Telephone Number
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER AND Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the follow	ving amount:	
		78.75 Filing Fee & Ser.50 Filing Fee, Certificate of Statu 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.

(If name unavail	lable in Florida, enter alternate corporate nar	ne adopted for the purpose of transacting business	in Florida)
2. Delaware		3	
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)	
4. October 17, 20	14	5. Perpetual	
(Date	of incorporation)	(Date of duration, if other than perpet	ual)
6. N/A (not prior	o registration)	•	
	(Date first transacted busines (SEE SECTIONS 607.1501 & 607	s in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
The Pointe Suite	155, 2502 North Rocky Point Drive, Tampa	, FL 33607	
··· <u> </u>	(Prin	cipal office address)	
			半红云
 -	(Current ma	iling address, if different)	
8. Name and stree	et address of Florida registered agent: (I		NS NOV 19
8. Name and <u>stree</u> Name:			NOV 19 AN
Name:	et address of Florida registered agent: (I		FLS5 8
	et address of Florida registered agent: (I C T Corporation System 1200 South Pine Island Road	P.O. Box 'NOT acceptable)	四点 至、5
Name:	et address of Florida registered agent: (I C T Corporation System 1200 South Pine Island Road Plantation, FL 33324	P.O. Box 'NOT acceptable'	FLS5 8
Name:	et address of Florida registered agent: (I C T Corporation System 1200 South Pine Island Road	P.O. Box 'NOT acceptable)	FLS5 8
Name: Office Address: P. Registered ag Having been nam designated in this further agree to c	et address of Florida registered agent: (I C T Corporation System 1200 South Pine Island Road Plantation, FL 33324 (City) ent's acceptance: ted as registered agent and to accept set application, I hereby accept the appoint omply with the provisions of all statute. Camiliar with and accept the obligations C T Corporation	P.O. Box 'NOT acceptable) , Florida, Code) rvice of process for the above stated corporate it ment as registered agent and agree to act in a relative to the proper and complete perform of my position an registered agent.	STATE 80 CONTROL OF THE PLACE AT this capacity. I
Name: Office Address: P. Registered ag Having been nam designated in this further agree to c	et address of Florida registered agent: (I C T Corporation System 1200 South Pine Island Road Plantation, FL 33324 (City) ent's acceptance: sed as registered agent and to accept set application, I hereby accept the appoin omply with the provisions of all statute. Familiar with and accept the obligations	P.O. Box 'NOT acceptable) , Florida, Code) rvice of process for the above stated corporate it ment as registered agent and agree to act in a relative to the proper and complete perform of my position an registered agent.	STATE 80 CONTROL OF THE PLACE AT this capacity. I

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:

	The Division of the Company of Division of the Company of the Comp		
ddress:	The Pointe Suite 155, 2502 North Rocky Point Drive		
-	Tampa, FL 33607		
ice Chair	rman:		
.ddress: .		<u></u>	
irector:	Nilo Garcia	· · · · · · · · · · · · · · · · · · ·	
ddress:	The Pointe Suite 155, 2502 North Rocky Point Drive		
-	Tampa, FL 33607		,
ir e ctor:	Roque Garcia		
ddress:	The Pointe Suite 155, 2502 North Rocky Point Drive		
•	Tampa, FL 33607		
. OFFI	CERS		. 201
resident:	Nilo Garcia	F <u>ģ</u>	<u>ح</u>
ddress: _	The Pointe Suite 155, 2502 North Rocky Point Drive	12.	<u></u>
_	Tampa, FL 33607	22	ဖ
ice Presi	dent: Roque Garcia	جة المانية المانية	=
ddress: _	The Pointe Suite 155, 2502 North Rocky Point Drive		- (2)
	Тапра, FL 33607	Ţ.	
cretary:	Roque Garcia		
idress:	The Pointe Suite 155, 2502 North Rocky Point Drive, Tampa, FL 33607		
easurer:	Roque Garcia		•
	The Pointe Suite 155, 2502 North Rocky Point Drive, Tampa, FL 33607		
OTE: 1	f necessary, you may attach an addendum to the application listing additional officers and/or dire	ctors.	
ļ. <u></u>			
e true and	Signature of Director or Officer or of director or officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein that he or she is aware that false information submitted in a document to the Department of State constitutes ree felony as provided for in \$.814,155, F.S.	-	

<u>Delaware</u>

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

DELAWARE, DO HEREBY CERTIFY "RETICARE, 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 ELEVENTH DAY OF NOVEMBER, A.D. 2015.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RETICARE, INC."

WAS INCORPORATED ON THE SEVENTEENTH DAY OF OCTOBER, A.D. 2014.

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

at corp.delaware.gov/auth

Authentication: 10403730

Date: 11-11-15

5623488 8300 SR# 20150878205

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