

F160000000748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

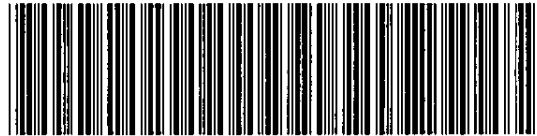
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FEB 19 2016

Y SULKER



BridgehouseLaw LLP  
1720 Peachtree Street, NW • Suite 520  
Atlanta • Georgia 30309 • U.S.A.

Via Certified Mail  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Sebastian Meis, LL.M.

Attorney at Law\*

T : + 1 404 885 5320

F : + 1 404 885 5329

Efax : + 1 404 393 9333

E : sebastian.meis @bridgehouselaw.us

[www.bridgehouselaw.us](http://www.bridgehouselaw.us)

\* Georgia | Germany

January 22, 2016

**RE: Elvation Medical Inc. Application for Authorization to Transact Business in Florida.**

Dear Sir or Madam:

On behalf of our client, Elvation Medical Inc., we hereby submit a signed Application for Authorization to Transact Business in Florida. Please find enclosed the following documents:

1. Original Application to Transact Business;
2. Original Delaware Certificate of Good Standing;
3. Check in the amount of USD 78.75; and
4. Self-addressed envelope.

Please acknowledge receipt of the Application to Transact Business by sending a certified copy of to my attention in the self-addressed stamped envelope provided herewith.

Please do not hesitate to contact me with any questions or comments.

Sincerely,

Sebastian Meis, LL.M.  
Attorney at Law

Enclosure

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Elvation Medical 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:

Sebastian Meis

\_\_\_\_\_  
Name of Person

BridgehouseLaw LLP

\_\_\_\_\_  
Firm/Company

1720 Peachtree Street NW, Suite 520

\_\_\_\_\_  
Address

Atlanta, GA 30309

\_\_\_\_\_  
City/State and Zip code

sebastian.meis@bridgehouselaw.us

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

For further information concerning this matter, please call:

Sebastian Meis

404

885-5320

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

**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.*

Elvation Medical Inc.

1. \_\_\_\_\_  
(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. 99-0381796  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/18/2012 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than 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. c/o Corporation Service Company, 1201 Hays Street, Tallahassee, 32301  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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

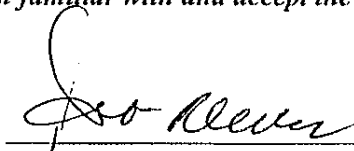
Name: Corporation Service Company

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.*



**Deb Reeves**  
Assistant Vice President

(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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16 FEB 17 PM 3:25  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: Guenter Schwarz

Address: Ludwig-Wolf-Str. 6, 75249 Kieselbronn, Germany

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Holger Stahl

Address: Ludwig-Wolf-Str. 6, 75249 Kieselbronn, Germany

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Holger Stahl

Address: Ludwig-Wolf-Str. 6, 75249 Kieselbronn, Germany

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Sebastian Meis

Address: c/o BridgehouseLaw LLP, 1720 Peachtree Street NW, Suite 520, Atlanta, GA 30309

Treasurer: Beate Stagnet

Address: 5126 S.Royal Atlanta Drive, Tucker, GA 30084

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. S. Meis \_\_\_\_\_

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. Sebastian Meis, Secretary

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

FILED  
16 FEB 17 PM 3:25  
CLERK OF SUPERIOR COURT  
FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "ELVATION MEDICAL 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 THIRTEENTH DAY OF JANUARY, A.D.  
2016.

  
Jeffrey W. Bullock, Secretary of State

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SR# 20160015590

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 201657871

Date: 01-13-16