## FIGODONIAS

| (Requestor's Name)                      |                   |              |  |  |
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| (Cit)                                   | //State/Zip/Phone | ∋ #)         |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL         |  |  |
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| (Bus                                    | siness Entity Nar | ne)          |  |  |
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| . (5                                    |                   |              |  |  |
| (Doc                                    | cument Number)    |              |  |  |
|   |                   |              |  |  |
| Certified Copies                        | Certificates      | of Status    |  |  |
|   |                   |              |  |  |
| Special Instructions to 6               | Eiling Officer:   |              |  |  |
| Special Instructions to Filing Officer: |                   |              |  |  |
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Office Use Only



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## **COVER LETTER**

| TO: Registration S<br>Division of C                                      |  |               |  |  |                |
|--|--|---------------|--|--|----------------|
|  | orporations<br>NOSIVE CORPORATIO       | )N            |  |  |                |
| SUBJECT:   |  |               |  |  |                |
|  | Name of                                | corporation   | - must include suffix  |  |                |
| Dear Sir or Madam:   |  |               |  |  |                |
| The enclosed "Applic<br>"Certificate of Exister<br>above referenced fore | nce," or "Certificate of               | f Good Stan   | Authorization to Transact ding" and check are submess in Florida.                      | Business in Flo<br>itted to register       | rida,"<br>the  |
| Please return all corre<br>DAVID DISSTON, ESC                            | -                                      | g this matter | to the following:  |  |                |
| ,  |  | Name of I     | Person   |  |                |
| SHANE M. SMITH P.A   | Λ.                                     |               |  |  |                |
|  |  | Firm/Com      | pany   | <del></del>                                | <del></del>    |
| 4800 DAIRY ROAD SUITE 104  |  |               |  | 当当   |                |
|  |  | Addre         | ss   |  | - <del> </del> |
| MELBOURNE FLORI  | DA 32904                               |               |  |  | च हिंद         |
| DFHEINZ@DFHEINZ  |  | City/State ar | nd Zip code  |  | 2: 1           |
|  | E-mail address: (                      | to be used f  | or future annual report no   | tification)                                | (3) (2)        |
| For further informatio   | n concerning this mat                  | ter, please c | all:   |  |                |
| DAVID DISSTON, ESC   | •                                      | 321           | 724-1919   |  |                |
| Name of Pers   | on at                                  | Area Code     | Daytime Telepho  | ne Number                                  | -              |
| Registration S<br>Division of Co<br>Clifton Buildi                       | orporations<br>ng<br>ve Center Circle  |               | MAILING AD<br>Registration Sec<br>Division of Corp<br>P.O. Box 6327<br>Tallahassee, FL | ction<br>corations                         |                |
| Enclosed is a check fo   | r the following amour                  | nt:           |  |  |                |
| □ \$70.00 Filing Fee   | ☐ \$78.75 Filing F<br>Certificate of S |               | \$78.75 Filing Fee & Certified Copy  | \$87.50 Filing Certificate of Certified Co | of Status &    |

## 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,  | SIVE CORPORATION of corporation; must include "INCORPORATE   | D" "COMPANY" "CORPORATION"  | <del></del>             |
|---|--|---|-------------------------|
| "Inc.," "Co.                                  | " "Corp," "Inc," "Co," or "Corp.")   | b, company, corporation,  |                         |
| PROGNOS                                       | SIVE CORPORATION   |   |                         |
| (If name uni                                  | available in Florida, enter alternate corporate nar  | me adopted for the purpose of transacting busin   | ness in Florida)        |
| 2. DELAWA                                     | RE   | 46-2526296<br>3   |                         |
| 04/04/2013                                    | (State or country under the law of which it is incorporated)  (FEI number, if applicable)  04/04/2013  |   | •                       |
|   | (Date of incorporation)  5. (Date of duration, if other than perpe   |   | erpetual)               |
| 6   | (Date first transacted busines<br>(SEE SECTIONS 607.1501 & 60'<br>1BRA ROAD SE PALM BAY, FLORIDA 3290  | ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)  |                         |
| (Principal office address)                    |  |   |                         |
| (Current mailing address, if different)       |  |   | 1455<br>19              |
| 8. Name and                                   | street address of Florida registered agent: (  | P.O. Box NOT acceptable)  |                         |
| Nam   | DARYL HEINZ  | •   | 2: 538                  |
| Office Addres                                 | 49 ALHAMBRA ROAD   |   | <b>७</b> ुन             |
|   | SE PALM BAY  | 32909<br>. Florida  |                         |
|   | (City)   | 32909<br>(Zip code)   |                         |
| Having been<br>designated in<br>further agree | l agent's acceptance:<br>named as registered agent and to accept se<br>this application, I hereby accept the appoi<br>to comply with the provisions of all statute<br>am familiar with and accept the obligation | ntment as registered agent and agree to a<br>es relative to the proper and complete per | act in this capacity. I |
|   |  | cick Heing ed agent's signature)  |                         |
|   | (Register  | ed 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: Vice Chairman: DARYL HEINZ Director: 649 ALHAMBRA ROAD SE PALM BAY, FLORIDA 32909 Address: DAVID NORWOOD Director: 4200 LOCH HIGHLAND PARKWAY NE ROSWELL, GEORGIA 30075 **B. OFFICERS** DARYL HEINZ President: 649 ALHAMBRA ROAD SE PALM BAY, FLORIDA 32909 Address: Vice President: Address: \_ DAVID NORWOOD Secretary: 4200 LOCH HIGHLAND PARKWAY NE ROSWELL, GEORGIA 30075 Address: DAVID NORWOOD Treasurer: 4200 LOCH HIGHLAND PARKWAY NE ROSWELL, GEORGIA 30075 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Daryl Frederick Heinz 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. DARYL HEINZ AS DIRECTOR OF PROGNOSIVE CORPORATION

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

## <u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "PROGNOSIVE CORPORATION" 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 SEVENTEENTH DAY OF AUGUST, A.D.

2016.

SET RETARY OF STATE TALL AND SEP 19 PH 2: 13

5314513 8300 SR# 20165321460 Authentication: 202839813

Date: 08-17-16