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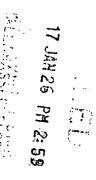
(Requestor's Name)						
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COVER LETTER

TO:	Registration Section Division of Corporations					
	SYNERGY MEDICAL USA I	NC.				
SUBJ	ECT: Name of c	ornoration - m	ust include suffix			
	rvaine of C	orporation - in	ust metude surrix			
Dear S	Sir or Madam:					
"Certi	nclosed "Application by Foreign Corporation of Existence," or "Certificate of referenced foreign corporation to trans	Good Standing	g" and check are subn			
	return all correspondence concerning ENT ALLARD	this matter to	the following:			
		Name of Pers	son			
CORP	OMAX INC.					
		Firm/Compan	y	· · · · · · ·		
2915 (OGLETOWN RD					
		Address		·		
NEW	ARK, DE 19713					
	(City/State and 2	Cip code			
INFO	@CORPOMAX.COM					
	E-mail address: (1	to be used for f	uture annual report no	otification)		
For fu	rther information concerning this matt	er, please call:				
VINCENT ALLARD 302		302	266-8200			
	Name of Person	Area Code	Daytime Teleph	one Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations		
Enclo	sed is a check for the following amour	nt:				
□ \$7	0.00 Filing Fee		78.75 Filing Fee & ertified 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.

1.	SYNERGY MEI	DICAL USA INC.						
••	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")							
2.	DELAWARE	ble in Florida, enter alternate corporate name	adopted for the purpose of transactir 35-2558498	ng business in Florida)				
2 . 4.	(State or country under the law of which it is incorporated) APRIL 5, 2016		(FEI number, if applicable) PERPETUAL					
•	(Date	of incorporation)	(Date of duration, if other	(Date of duration, if other than perpetual)				
6. 7.	2915 OGLETOW	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1 N ROAD, #2565, NEWARK, DE 19713		ity)				
(Principal office address)			JAN 2					
			ng address, if different)	S PH &				
8.	. Name and stree Name:	et address of Florida registered agent: (P. NRAI SERVICES, INC.	O. Box <u>NOT</u> acceptable)	10 Kg 59				
О	Office Address:	1200 SOUTH PINE ISLAND ROAD						
		PLANTATION	, Florida					
		(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.

Denise Bell - Asst Secretary

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 JEAN BOUTIN Chairman: 2915 OGLETOWN ROAD, #2565, NEWARK, DE 19713 Address: Vice Chairman: __ Address: ____ Director: Director: __ Address: **B. OFFICERS** JEAN BOUTIN 2915 OGLETOWN ROAD, #2565, NEWARK, DE 19713 Address: Vice President: Address: Secretary: ___ Treasurer: _____ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein Signature of Director or Officer 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. JEAN BOUTIN, 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 "SYNERGY MEDICAL USA 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 EIGHTEENTH DAY OF JANUARY, A.D.

2017.

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

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

Authentication: 201892687

Date: 01-18-17