

FEB 08 2017
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Skyline 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:

Bob Myers
Name of Person

Skyline Medical Inc.
Firm/Company

2915 Commers Drive, Suite 900
Address

Eagan MN 55121
City/State and Zip code

accounting@skylinemedical.com
E-mail address: (to be used for future annual report notification)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 FEB -7 PM 4:45

For further information concerning this matter, please call:

Bob Myers at (651) 389-4800
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.

1. Skyline Medical Inc.
(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. 33-1007393
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. Dec 11 2013 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. Jan 30 2017
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2915 Commers Drive, Suite 900, Eagan MN 55121
(Principal office address)

(Current mailing address, if different)

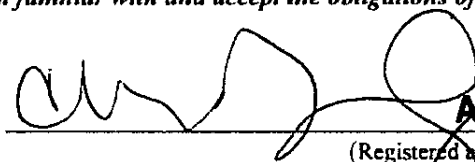
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

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.

 **Chelsey Martine**
Asst 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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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

See attached

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. *Robert Myers*
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. Robert Myers, CFO
(Typed or printed name and capacity of person signing application)

SKYLINE MEDICAL INC.

11A. Directors

NAME	TITLE	ADDRESS
Tom McGoldrick	Chairman of the Board	2915 Commers Drive, #900, Eagan, MN 55121
Carl Schwartz	Director	2915 Commers Drive, #900, Eagan, MN 55121
Andy Reding	Director	2915 Commers Drive, #900, Eagan, MN 55121
J. Melville Engle	Director	2915 Commers Drive, #900, Eagan, MN 55121
Timothy Krochuk	Director	2915 Commers Drive, #900, Eagan, MN 55121
Richard Gabriel	Director	2915 Commers Drive, #900, Eagan, MN 55121
Robert Myers	Secretary	2915 Commers Drive, #900, Eagan, MN 55121

11B. Officers

NAME	TITLE	ADDRESS
Carl Schwartz	Chief Executive Officer	2915 Commers Drive, #900, Eagan, MN 55121
Robert Myers	Chief Financial Officer	2915 Commers Drive, #900, Eagan, MN 55121
David Johnson	Chief Operating Officer	2915 Commers Drive, #900, Eagan, MN 55121

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Delaware

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SKYLINE 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 TWENTY-SIXTH DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SKYLINE MEDICAL INC." WAS INCORPORATED ON THE ELEVENTH DAY OF DECEMBER, A.D. 2013.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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SR# 20170474302

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 201940601

Date: 01-26-17