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1.

Spectrum Dynamics Medical, INC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

17 FEB 14 AM 8:41
SECRETARY
TALLAHASSEE
STATE

COVER LETTER

TO: Registration Section
Division of Corporations
Spectrum Dynamics Medical, Inc.

SUBJECT: _____
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:
Jim Haisler

_____	Name of Person
Spectrum Dynamics Medical, Inc.	
_____	Firm/Company
301 N. Cattlemen Rd., Suite 109	
_____	Address
Sarasota, FL 34232	
_____	City/State and Zip code
jimh@spectrum-dynamics.com	
_____	E-mail address: (to be used for future annual report notification)

17 FEB 14 AM 9:41
STREET/CO
FALLING

For further information concerning this matter, please call:

Jim Haisler	941	351-2297
_____	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.*

Spectrum Dynamics 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)
California

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
May 13, 2013

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
February 1, 2017

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
301 N. Cattlemen Rd., Suite 109, Sarasota, FL 34232

7. _____
(Principal office address)

(Current mailing address, if different)

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

Name: Jim Haisler
301 N. Cattlemen Rd., Suite 109

Office Address: _____
Sarasota 34232
_____, 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.

James Haisler
James Haisler (Feb 14, 2017)

(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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STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
FEB 14 AM 8:41

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

A. DIRECTORS

Chairman: _____

Address: _____

Michael Joos (Director)

Vice Chairman: _____

301 N. Cattlemen Rd., Suite 109, Sarasota, FL 34232

Address: _____

Jim Haisler

Director: _____

301 N. Cattlemen Rd., Suite 109, Sarasota, FL 34232

Address: _____

Gilad Yoeli

Director: _____

301 N. Cattlemen Rd., Suite 109, Sarasota, FL 34232

Address: _____

B. OFFICERS

Jim Haisler

President: _____

301 N. Cattlemen Rd., Suite 109, Sarasota, FL 34232

Address: _____

Vice President: _____

Address: _____

Gilad Yoeli

Secretary: _____

301 N. Cattlemen Rd., Suite 109, Sarasota, FL 34232

Address: _____

Treasurer: _____

Address: _____

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

12. _____
Signature of Director or Officer

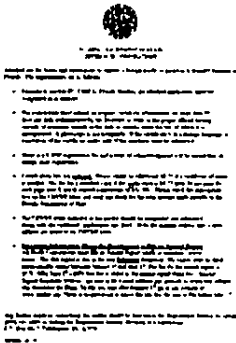
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jim Haisler, Authorized Officer

13. _____

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

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DEPARTMENT OF STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED








Florida Qualification

Adobe Sign Document History

02/09/2017

Created: 02/09/2017
By: Aaron Polak (ajp@aaronpolaklaw.com)
Status: Signed
Transaction ID: CBJCHBCAABAAul-8Q0gdPHk72Elz5dL1CV2pYOsxe_OT

"Florida Qualification" History

-  Document created by Aaron Polak (ajp@aaronpolaklaw.com)
02/09/2017 - 1:18:12 PM PST - IP address: 108.52.140.242
-  Document emailed to James Haisler (jimh@spectrum-dynamics.com) for signature
02/09/2017 - 1:17:14 PM PST
-  Document viewed by James Haisler (jimh@spectrum-dynamics.com)
02/09/2017 - 1:18:44 PM PST - IP address: 47.202.85.88
-  Document e-signed by James Haisler (jimh@spectrum-dynamics.com)
Signature Date: 02/09/2017 - 1:24:27 PM PST - Time Source: server- IP address: 47.202.85.88
-  Signed document emailed to gilady@spectrum-dynamics.com, Aaron Polak (ajp@aaronpolaklaw.com) and James Haisler (jimh@spectrum-dynamics.com)
02/09/2017 - 1:24:27 PM PST

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STANDARD TIME
FALL 2017



Adobe Sign

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

SPECTRUM DYNAMICS MEDICAL, INC.

FILE NUMBER: C3566105
FORMATION DATE: 05/13/2013
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

17 FEB 14 AM 8:41
STATE OF CALIFORNIA
SECRETARY OF STATE

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of February 10, 2017.

ALEX PADILLA
Secretary of State