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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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FOREIGN PROFIT/NONPROFIT CORPORATION GEORGE CLINICAL, INC.

Certificate of Status	0
Certified Copy	1
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July 6, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CAPITOL SERVICES, INC.

SUBJECT: GEORGE CLINICAL, INC.
REF: W17000055684

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Karen A Saly
Regulatory Specialist II

FAX Aud. #: H17000175960
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Kim Tadlock

From: faxfinder@capitol-services.com
Sent: Wednesday, July 05, 2017 4:52 PM
To: Kim Tadlock
Subject: FaxFinder Fax Notification: Successfully sent fax to 850-617-6383
Attachments: fax_outbound_850-617-6383_20170705_155224_00000896-0000.pdf

Create Time: 07/05/2017 03:48:42 PM

Schedule Time: 07/05/2017 03:52:24 PM

State: sent

Schedule Message: Successfully sent fax

Hangup code: 0

Try #: 1

Username: admin

Sender name: Kim Tadlock

Sender email: ktadlock@capitol-services.com Sender phone: 855-498-5500 Sender fax: 800-432-3622 Sender org: Capitol Services, Inc.

Subject:

Max tries: 5

Try Interval: 600

Priority: 3

Pages: 5

Recipient fax: 850-617-6383

Recipient phone:

Recipient name:

Recipient org: FL SOS

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TALLAHASSEE, FLORIDA

**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. GEORGE CLINICAL, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
- n/a
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. DELAWARE 3. 36-4824331
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. 12 OCTOBER 2015 5. PERPETUAL
(Date of incorporation) (Date of duration, if other than perpetual)
6. 2 MAY 2017
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 10975 Grandview, Suite 650, Corporate Woods Building 27,
Overland Park, Kansas, 66218
(Principal office address)
- AS ABOVE
(Current mailing address, if different)

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

Name: Capitol Corporate Services, Inc.

Office Address: 155 Office Plaza Dr Ste A

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.

Kim Tadlock

Kim Tadlock, Asst. Secretary on behalf
of Capitol Corporate Services, Inc.

(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: MARISA PETERSEN

Address: Level 5, 1 KING STREET, NEWTOWN, SYDNEY,
NSW, 2042, AUSTRALIA

Vice President: n/a

Address: _____

Secretary: TIMOTHY REGAN

Address: Level 5, 1 KING STREET, NEWTOWN, SYDNEY, NSW, 2042
AUSTRALIA

Treasurer: n/a

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.

13. MARISA PETERSEN, PRESIDENT

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

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GEORGE CLINICAL, 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 FIFTEENTH DAY OF JUNE, 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 SAID "GEORGE CLINICAL, INC." WAS INCORPORATED ON THE TWELFTH DAY OF OCTOBER, A.D. 2015.

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



5848633 8300

SR# 20174767685

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

[Handwritten Signature]
JEFFREY W. BULLOCK, Secretary of State

Authentication: 202713801

Date: 06-15-17

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