7/13/2017

Division of Corporations epartment of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170001839303)))



H170001839303ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (512)418-6949 Phone : (954)208-0845 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

## FOREIGN PROFIT/NONPROFIT CORPOR MACULOGIX, INC. Certificate of Status Certified Copy 0 05 Page Count \$70.00 Estimated Charge

Electronic Filing Menu Corporate Filing Menu

Help

n RRUCE JUL 1 7 2017

d€,

TO: Registration Section

## **COVER LETTER**

Divisi	ion of Corpora	ations						
SUBJECT:	MacuLogix, l	nc.						
		Name	of corporat	ion - mus	include suffix			
Dear Sir or M	adam:	_						
"Certificate of	"Application f Existence," ( ced foreign co	or "Certificate	of Good S	Standing"	rization to Trans and check are su lorida.	act Busine ibmitted to	ess in Fl registe	orida," r the
Please return	all correspond	lence concern	ing this ma	itter to the	following:			
Dennis Siegel								
			Name	of Person				
Macullogix, In	ıc.							
			Firm/C	Company				
1801 Oberlin I	Road, Suite 301							
		<del></del> -	A	ldress	-		(/: <b></b>	5
Middletown, P	'A - 17057					ÀH.		<b>ח</b>
			City/Sta	te and Zip	code	ASS		
els-statecomm	unications@wo					E.		
	ŀ	3-mail address	s: (to be us	ed for futi	ire amiual repor	notificați	on) T	
For further in	formation con	cerning this n	natter, plea	se call:		ORIDA		, <b>)</b> :
Dennis Siegel			717	982	2-6751			
Nam	e of Person	· · · · · · · · · · · · · · · · · · ·	Arca (		Daytime Tele	phone Nu	mber	_
Regis Divis Clifte 2661 Talla	EET/COURING Section of Corporation Building Executive Central Exec	n ations nter Circle 301			MAILING Registration Division of O P.O. Box 63 Tallahassee,	Section Corporatio 27	ns	
Enclosed is a	check for the	following am	ount:					
■ \$70,00 Fil	ing Fee   🗆	\$78.75 Filin Certificate (			75 Filing Fee & ified Copy	Ce		ing Fee, c of Status & 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.

(If name unavail	able in Florida, enter attenuate corporate name	adopted for the purpose of tra	nsacting business in Florida)			
Delaware	3.	26-3591556	26-3591556			
(State or countr	y under the law of which it is incorporated)	(FEI numbe	(FEI number, if applicable)			
10/14/2008	. 5.	<u> </u>				
(Date	of incorporation)	· (Date of duration, i	· (Date of duration, if other than perpetual)			
			<u> </u>			
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration 502, F.S., to determine penalty	on) y liability)			
1801 Oberlin Re	ad, Suite 301, Middletown, PA - 17057					
	(Princi	pal office address)	=			
	(Princi	pal office address)	281 TALL			
	· ·	pal office address) ing address, if different)	2017 JU SEDRIC FALLIAH			
<del></del>	(Current mail	ing address, if different)	JUL JUL			
Name and stre	(Current mail) et address of Florida registered agent: (P.	ing address, if different)	JUL 14 AHASSEE			
Name and <u>stre</u> Name:	(Current mail	ing address, if different)	JUL ILI F AHASSEELF			
Name:	(Current mail) et address of Florida registered agent: (P.	ing address, if different)	JUL ILI F AHASSEELF			
	(Current mail) et address of Florida registered agent: (P. C T Corporation System 1200 South Pine Island Road	ing address, if different)	JUL 14 P AHASSEE, FLO			

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.

C T Corporation System

By: Danny Verdecohla
Assistant Secretary
(Registered agent's signature cretary

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.

RECTORS  William D McPhee			
	65		
sirman:			
:			
Gregory Jackson			
1801 Oberlin Road, Suite 301, Middletown, PA - 17057			
Stephen Rose & Ron Thiboutet			
1801 Oberlin Road, Suite 301, Middletown, PA - 17057			
t: William D McPhee 1801 Oberlin Road, Suite 301, Middletown, PA - 17057	*		
sident: Gregoty Jackson		<b>*</b>	
1801 Oberlin Road, Suite 301, Middletown, PA - 17057		AHAS	-
Dennis J. Sieget		E G	
1801 Oberlin Road, Suite 301, Middleiown, PA - 17057		S - 1	C
r:		D.F.	
	***************************************	ional officers and/or direct	ors.

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

13. Dennis J. Siegel, Secretary



Page 1

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

DELAWARE, DO HEREBY CERTIFY "MACULOGIX, 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 THIRTEENTH DAY OF JULY, 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: 202879886

Date: 07-13-17