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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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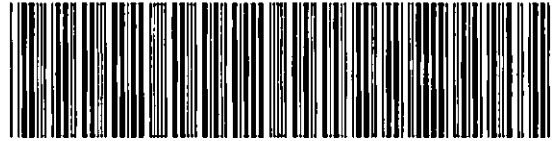
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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S. WARREN

OCT 18 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BIOSCULPTURE TECHNOLOGY, INC.
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

ROBERT L CUCIN MD, CEO

Name of Person

BIOSCULPTURE TECHNOLOGY, INC.

Firm/Company

1701 SOUTH FLAGLER DRIVE

SUITE 607

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

ceo@biosculpturetechnology.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert L. Cucin MD, CEO

at (561)

651-7816

Name of Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. BIOSCULPTURE TECHNOLOGY, INC.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like
import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained
in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE 3. 52-2316605
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05/15/2001 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. 7/12/17
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 1701 South Flagler Drive, Suite 607, West Palm Beach, FL. 33401
(Principal office address)

(Current mailing address, if different)

8. MEDICAL DEVICE MANUFACTURER (design specifier)
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: Robert L Cucin MD

Office Address: 1701 South Flagler Drive, Suite 607

West Palm Beach

(City)

Florida 33401

(Zip Code)

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TALLAHASSEE, FLORIDA

10. 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.

(Registered agent's signature)

11. 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.

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: ROBERT L CUCIN MD
Address: 1701 SOUTH FLAGLER DRIVE, #607
WEST PALM BEACH, FL 33401

Vice Chairman: NONE
Address:

Director: JULIA CUCIN
Address: 1701 SOUTH FLAGLER DRIVE, #607
WEST PALM BEACH, FL 33401

Director: DEBORAH SALERNO
Address: 1701 SOUTH FLAGLER DRIVE, #607
WEST PALM BEACH, FL 33401

B. OFFICERS

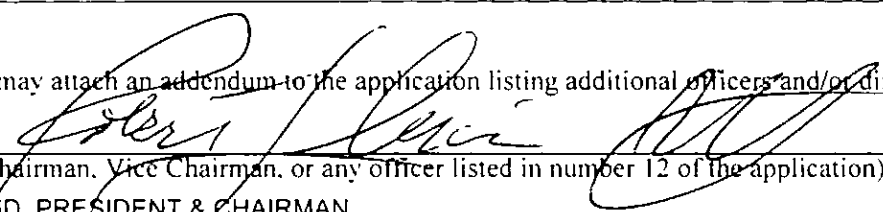
President: ROBERT L CUCIN MD
Address: 1701 SOUTH FLAGLER DRIVE, SUITE 607, WEST PALM BEACH FL, 33401

Vice President: none
Address:

Secretary: JULIA CUCIN
Address: 1701 SOUTH FLAGLER DRIVE, SUITE 607, WEST PALM BEACH, FL 33401

Treasurer: JONAS GAYER
Address: 1701 SOUTH FLAGLER DRIVE, SUITE 607, WEST PALM BEACH, FL 33401

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

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. ROBERT L CUCIN, MD PRESIDENT & CHAIRMAN
(Typed or printed name and capacity of person signing application)

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STATE OF FLORIDA
TALLAHASSEE

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BIOSCULPTURE TECHNOLOGY, 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 OCTOBER, 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 "BIOSCULPTURE TECHNOLOGY, INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF MAY, A.D. 2001.

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



3392354 8300

SR# 20176612603

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.

Authentication: 203395682

Date: 10-13-17