

F17000004934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

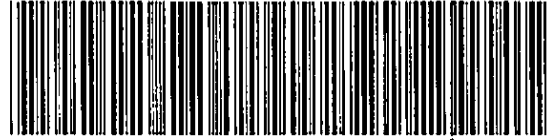
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

cert      W17-78138

Office Use Only



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09/28/17--01025--006 \*\*70.00

CLERK OF STATE  
FALL AGENSSEE, FLORIDA

17 OCT 31 PM 5:57

FILED

S. WARREN

NOV 02 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 2, 2017

THOMAS PAGE  
6120 WINDWARD PARKWAY, SUITE 220  
ALPHARETTA, GA 30005

SUBJECT: CARTIVA, INC.  
Ref. Number: W17000078138

We have received your document for CARTIVA, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 817A00019859

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cartiva, 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:

Thomas Page

Name of Person  
Cartiva, Inc.

Firm/Company  
6120 Windward Parkway, Suite 220

Address  
Alpharetta, GA 30005

City/State and Zip code  
tpage@cartiva.net

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

For further information concerning this matter, please call:

Peter J Pizzo, III at (770) 754-3802  
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.

Cartiva, 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)

2. Delaware 3. 45-2897983 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/02/2011 5. (Date of incorporation) (Date of duration, if other than perpetual)

6. 09/11/2017 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6120 Windward Parkway, Suite 220, Alpharetta, GA 30005 (Principal office address)

(Current mailing address, if different)

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

Name: CT Corporation

Office Address: 1200 S Pine Island Rd #250

Plantation, Florida 33324 (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.

[Handwritten signature]

Jennifer Quinn, Assistant Secretary

(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: Timothy J Patrick  
Address: 6120 Windward Parkway, Suite 220, Alpharetta, GA 30005

Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: Justin Klein  
Address: 6120 Windward Parkway, Suite 220, Alpharetta, GA 30005

Director: Ryan Drant  
Address: 6120 Windward Parkway, Suite 220, Alpharetta, GA 30005

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**B. OFFICERS**

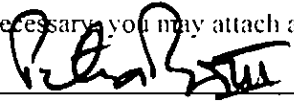
President: Timothy J Patrick, President and CEO  
Address: 6120 Windward Parkway, Suite 220, Alpharetta, GA 30005

Vice President: Peter J Pizzo, III CFO  
Address: 6120 Windward Parkway, Suite 220, Alpharetta, GA 30005

Secretary: Peter J Pizzo, III  
Address: 6120 Windward Parkway, Suite 220, Alpharetta, GA 30005

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.

13. Peter J. Pizzo, III  
(Typed or printed name and capacity of person signing application)  
**Vice President, Finance & Chief Financial Officer**

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CARTIVA, 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 NINETEENTH DAY OF OCTOBER, A.D. 2017.



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

Authentication: 203429237

Date: 10-19-17

5016459 8300

SR# 20176695244

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)