

F18000001279

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : NRAI SERVICES, LLC
Account Number : I20080000104
Phone : (302) 674-4089
Fax Number : (302) 674-5266

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

Email Address: ihearst@medsourcenational.com

**FOREIGN PROFIT/NONPROFIT CORPORATION
MEDSOURCE NATIONAL INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$878.75

RECEIVED
MAR 15 2018

J. LEGGETT
MAR 16 2018

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDAIN 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. MEDSOURCE NATIONAL INC.
(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. NEW YORK 3. 45-4787793
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. MARCH 13, 2012 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. JANUARY 1, 2016
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 591 STEWART AVE #600, GARDEN CITY, NY 11530
(Principal office address)

(Current mailing address, if different)

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

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

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.

NRAI Services, Inc.

By: Tina Likko, VP
(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: ANDREW WEADERHORN

Address: 591 STEWART AVE #600

GARDEN CITY, NY 11530

Director: ANTHONY RICCARDI

Address: 591 STEWART AVE #600

GARDEN CITY, NY 11530

B. OFFICERS

President: ANTHONY RICCARDI

Address: 591 STEWART AVE #600

GARDEN CITY, NY 11530

Vice President: _____

Address: _____

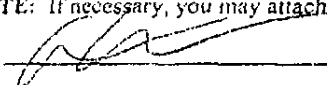
Secretary: _____

Address: _____

Treasurer: ANDREW WEADERHORN

Address: 591 STEWART AVE #600, GARDEN CITY, NY 11530

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. ANDREW WEADERHORN, CEO

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

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State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of MEDSOURCE NATIONAL INC. was filed on 03/13/2012, under the name of MED SOURCE NATIONAL INCORPORATED, with perpetual duration, and that a diligent examination has been made of the Corporate Index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment MED SOURCE NATIONAL INCORPORATED, changing its name to MEDSOURCE NATIONAL INC., was filed 03/26/2012.

The Biennial Statement is past due.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 08th day of March
two thousand and eighteen.*

Brendan W. Fitzgerald
Executive Deputy Secretary of State

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