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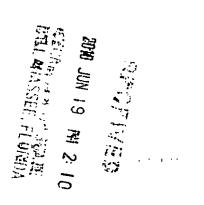
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
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SECRETARY OF STATE
ALL AHASSEE, FLORIDA



O SIMMONS
JUN 2 0 2018

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

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FOREIGN FILINGS				
XXXX QUALIFICATION (TYPE: CO)				
F FILING:				
CERTIFIED COPY  XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING				

EXAMINER:

CONTACT PERSON: Roxanne Turner -- EXT# 62969

## **COVER LETTER**

TO: New Filing Section Division of Corporations				
SUBJECT: Cardiovox, Inc.				
	tion - must include suffix			
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good sabove referenced foreign corporation to transact but	Standing" and check are submitted to register the			
Please return all correspondence concerning this ma	atter to the following:			
Anthony I. Nunez				
Name	of Person			
Firm/0	Company			
126 S OBRIEN ST				
A	ddress			
Tampa, FL, US, 33609				
City/Sta	te and Zip code			
anthony.nunez@cardiovox.net				
E-mail address: (to be us	sed for future annual report notification)			
For further information concerning this matter, plea	sse call:			
at (	rea Code & Daytime Telephone Number			
Name of Person Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is a check for the following amount:				
S70.00 Filing Fee S78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy 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.

Cardiovox, Inc.			
(Enter name of co "Inc.," "Co.," "Co	rporation; must include "INCORPORAT" rp." "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATION	ı,''
(If name unavaila	ble in Florida, enter alternate corporate na	ame adopted for the purpose of transacting	g business in Florida)
Delaware 2.		3.	
(State or country	under the law of which it is incorporated	(FEI number, if ap	plicable)
01-04-2010 4.		Perpetual 5.	
	of incorporation)	(Duration: Year corp. will cease to	exist or "perpetual")
<b>6</b> .			
o		ness in Florida, if prior to registration) 07.1502, F.S., to determine penalty liabil	ity)
4105 West Hora	tio,Tampa,FL , 33609, US		
/·	(Principal office	e address)	1:53 %
4105 West Hors	atio, Tampa, FL, US, 33609		£ 2 4 1
8. Name and stree	(Current mailing et address of Florida registered agent:		LED MASSEE
Name:	Corporation Service Company		ELLONI STITE
Office Address:	1201 Hays Street		DA 22
	Tallahassee	32301 , Florida	
	(City)	(Zip code)	
designated in this further agree to c duties, and I am j	ed as registered agent and to accept application, I hereby accept the app omply with the provisions of all state	service of process for the above state pointment as registered agent and agutes relative to the proper and complians of my position as registered agent	ree to act in this capacity lete performance of my
_		ent's signature)	<del></del>

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 Anthony I. Nunez Chairman: 4105 W. Horatio St. Address: Tampa, FL 33609 Vice Chairman: Rebecca Nunez 4105 W. Horatio St. Address: Tampa, FL 33609 Director: Address: **B. OFFICERS** Anthony I. Nunez 4105 W. Horatio St. Address: Tampa, FI 33609 Rebecca Nunez Secretary: 4105 W. Horatio St. Tampa FL 33609 Address: Treasurer: \_\_\_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 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. Anthony Nunez

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

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CARDIOVOX, 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 EIGHTEENTH DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CARDIOVOX, INC."

WAS INCORPORATED ON THE FOURTH DAY OF JANUARY, A.D. 2010.

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

Authentication: 202906891

Date: 06-18-18