

F18000003497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

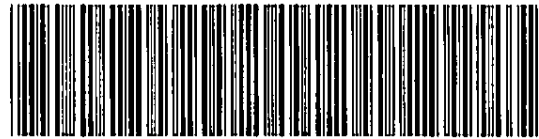
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

W18-61441 Penalty

Office Use Only



500315139435

07/30/18--01031--011 **1250.00

06/28/18--01006--011 **70.00

FILED
10 JUL 26 AM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
JUL 31 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 3, 2018

OLIVER BURCKHARDT
FLOWER ORTHOPEDICS CORPORATION
100 WITMER RD, STE. 280
HORSHAM, PA 19044

RECEIVED JUL 12 2018

SUBJECT: FLOWER ORTHOPEDICS CORPORATION
Ref. Number: W18000061441

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

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$1250.00.

There is a balance due of \$1250.00.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 118A00013784

40

RECEIVED

2018 JUL 26 AM 11:14

W18000061441

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Flower Orthopedics Corporation
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:

Oliver Bunckhardt or Victoria Hycsko

Name of Person

Flower Orthopedics Corporation

Firm/Company

100 Witmer Road Suite 280

Address

Horsham PA 19044

City/State and Zip code

abiah1@flowerortho.com

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

For further information concerning this matter, please call:

Angelica Biehl

Name of Person

at (215)

Area Code

323-4017

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.

1. Flower Orthopedics Corporation
(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. Pennsylvania 3. 46-0533877
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/29/2012 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 10/28/2013
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 100 Witmer Road Suite 280 Horsham PA 19044
(Principal office address)

(Current mailing address, if different)

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

Name: C.T. CORPORATION SYSTEM

Office Address: 1200 SOUTH PINE ISLAND RD

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.

Bree Zahner
(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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10 JUL 26 AM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: George Jenkins
Address: 100 Witmer Rd Suite 280
Horsham PA 19044

Vice Chairman: Rick Ferreira
Address: 100 Witmer Road Suite 280
Horsham PA 19044

Director: G. Robert Marcus
Address: 100 Witmer Road Suite 280
Horsham PA 19044

Director: Oliver Burckhardt
Address: 100 Witmer Road Suite 280
Horsham PA 19044

B. OFFICERS

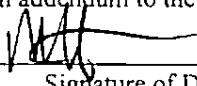
President: Oliver Burckhardt
Address: 100 Witmer Road Suite 280
Horsham PA 19044

Vice President: Victoria Hyczko
Address: 100 Witmer Road Suite 280
Horsham PA 19044

Secretary: (vacant)
Address: _____

Treasurer: Victoria Hyczko
Address: 100 Witmer Road Suite 280 Horsham PA 19044

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. Victoria Hyczko CFO + VP of Administration
(Typed or printed name and capacity of person signing application)

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18 JUL 26 AM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

06/14/2018

FILED
18 JUL 26 AM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Flower Orthopedics Corporation

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set
my hand and caused the Seal of the Secretary's
Office to be affixed, the day and year above written

Robert Lanes

Acting Secretary of the Commonwealth

Certification Number: TSC180614100577-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>