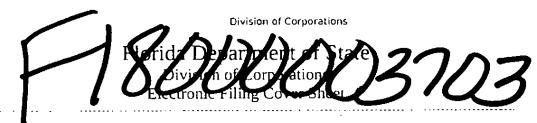
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180002341923)))



	Doing so will generate another cover sheet.
To:	Division of Corporations
	Fax Number : (850)617-6383
From	
	Account Name : REGISTERED AGENTS INC. Account Number : I20090000081
	Phone : (307)200-2803
	Fax Number : (855)330-1010
annua	email address for this business entity to be used for future report mailings. Enter only one email address please Address:
annua Email	Address: FOREIGN PROFIT/NONPROFIT CORPORATION SENSIBLE MEDICAL INNOVATIONS INC.
annua Email	Address:
annua Email	Address: FOREIGN PROFIT/NONPROFIT CORPORATION SENSIBLE MEDICAL INNOVATIONS INC. Certificate of Status Certified Copy 0
annua Email	Address: FOREIGN PROFIT/NONPROFIT CORPORATION SENSIBLE MEDICAL INNOVATIONS INC. Certificate of Status 0

Electronic Filing Menu

Corporate Filing Menu

Help

O SIAAMONS AUG 1 ' 2018

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.

(If name unavailab	de in Florida, enter alternate corporate nume	adopted for the purpose of transacting busi	ness in Florida)	
Delawarn	3.			
(State or country under the law of which it is incorporated)		(FEI number, if applicab	(FEI number, if applicable)	
10/29/2009 5.		Perpetual		
(Date of incorporation)		(Date of duration, if other than p	perpetual 60	
3030 N. Rocky Po	int Dr. STE 150A Tampa FL 33607 (Princ	1502, F.S., to determine penalty liability) ripal office address) ling address, if different)	OF 21 PLOS 10 N	
3. Name and <u>stree</u> Name: Office Address:	t address of Florida registered agent: (F Registered Agents Inc 3030 N. Rocky Point Dr. STE 150A	P.O. Box NOT acceptable)	ŕ	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Tampa	, Florida 33607		
	(City)	(Zip code)		

(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.

-President

Registered Agents Inc.

Bill Havre

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: ___ Vice Chairman: _____ Address: ___ Director: Armir Ronen Address: 3030 N. Rocky Point Dr STE 150A Tampa FL 33607 Director: _ Address: _ **B. OFFICERS** President: Amir Ronan Address: 3030 N. Rocky Point Dr. STE 150A Tampa FL 33607 Vice President: Eran Kurman Address: 3030 N. Rocky Point Dr. STE 150A Tampa FL 33607 Secretary: Orit Broide Address: 3030 N. Rocky Point Dr. STE 150A Tampa FL 33607 Treasurer: Ont Broids Address: 3030 N. Rocky Point Dr. STE 150A Tampa FL 33607 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 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.

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SENSIBLE MEDICAL INNOVATIONS 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 FIRST DAY OF AUGUST, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203170306

Date: 08-01-18

4747559 8300 SR# 20185958831