## Florida Department of State

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : INCORPORATING SERVICES FL Account Number : I20050000052 Fhone : (850)656-7956 : (850)656-7953 Fax Number

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Email Address: RADIV@INCSERV.COM

## FOREIGN PROFIT/NONPROFIT CORPORATION MEDAPHOR NORTH AMERICA, INC.

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### 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 MEDAPHOR NORTH AMERICA, 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) DELAWARE (State or country under the law of which it is incorporated) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 13010 MORRIS ROAD, BUILDING 1, SUITE 600, ALPHARETA, GA 30004 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) INCORPORATING SERVICES, LTD. Name:

#### 9. Registered agent's acceptance:

Office Address:

1540 Glenway Drive

TALLAHASSEE

Having been named us 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.

Zhizdaeia Spau Amistail Seordary
(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.

ar:	WILSON JENNINGS
a: <u> </u>	3010 MORRIS ROAD, BUILDING 1, SUITE 600, ALPHARETA, GA 30004
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nt .	CERS STUART GALL - CEO 13010 MORRIS ROAD, BUILDING 1, SUITE 600, ALPHARETA, GA 20004
· -	WILSON JENNINGS - CFO
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,: <u>1</u> 1	f accessary, you may attach an addendum to the application listing additional officers and/or directors.  WW fermy:
	Signature of Director or Officer
e an	signature of Director of Officer of Officer of Officer of Officer of Officer signing this document (and who is listed in number 11 above) affirms that the facts stated herein detail he or she is aware that false information submitted in a document to the Department of State constitute pree felony as provided for in a.817.155, F.S.
	WILSON JENNINGS CFO

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MEDAPHOR NORTH AMERICA, 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 THIRTEENTH DAY OF NOVEMBER, 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 "MEDAPHOR NORTH AMERICA, INC." WAS INCORPORATED ON THE TENTH DAY OF JANUARY, A.D. 2014.

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

SECRETARY OF STATE

5452304 8300 SR# 20187605834

Authentication: 203886472

Date: 11-13-18