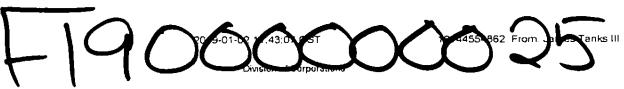
1/2/2019



Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone

Fax Number : (954)208-0845

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

1	Address:			
PMALL	11.11.11.11.11.11.11.11.11.11.11.11.11.			

FOREIGN PROFIT/NONPROFIT CORPORATION AliMed, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help



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.

name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting busine	ss in Florida)	
lassachusetts	3.	(FEI number, if applicable) Perpetual (Date of duration, if other than perpetual)		
State or countr	y under the law of which it is incorporated)			
0/01/1975	5.			
(Date	of incorporation) 5.			
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
High Street.	Dedham, MA 02026	y tank to determine penalty namely,	至4.	
		nal office address)	<u> </u>	
	,	·	## E	
	(Current maili	ng address, if different)	- <u>S</u>	
ame and street	et address of Florida registered agent: (P.0	O. Box <u>NOT</u> acceptable)		
Name:	C T Corporation System		32 :	
	1200 South Pine Island Road		1.	
e Address:		77004		
	Plantation	, Florida		
	(City)	(Zip code)		

duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

Michael Seraphin Asst. Secretary (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.

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

	CCTORS Julian H. Cherubini			
Chairman:	297 High Street			
	Dedham, MA 02026			
Vice Chair	rman:			
Address:				
Director:		· · ·		
Address:				
Director:				_ _
Address:		- F. S.E.	 19	
R. OFFI		AHAS	JAN-	1
President:	Julian H. Cherubini 297 High Street	70 70 70	<u>~</u>	
	Dedham, MA 02026		2	£
Vice Presi	Julian H. Cherubini ident:	87	5	
Address:	297 High Street			
	Dedham, MA 02026			
Secretary:	Julian II. Cherubini			
Address:	297 High Street, Dedham, MA 02026			
Treasurer:	Julian II. Chembini	·—·		
Address:	297 High Street, Dedham, MA 02026			
	If necessary, you may attach an addendum to the application listing additional officers and/o	or di re cto	ρrs.	
are true a a third de	Signature of Director or Officer ser or director signing this document (and who is listed in number 11 above) affirms that the and that he or she is aware that false information submitted in a document to the Department egree felony as provided for in s.817.155, F.S. in H. Cherubini as Chairman	facts state	ted her	ein tutes
13. <u>Juna</u>	(Typed or printed name and capacity of person signing application)			



Secretary of the Commonwealth

The Commonwealth of Massachusetts Secretary of the Commonwealth State Rouse, Boston, Massachusetts 02138

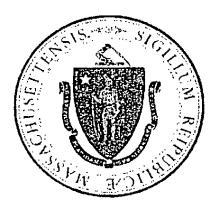
Date: December 26, 2018

To Whom It May Concern:

I hereby certify that according to the records of this office,

ALIMED, INC.

Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

Villian Tranin Gallein

Ceruficate Number: 18120505420

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: