# F19000001345

(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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FILED

### **COVER LETTER**

TO:	Registration Section Division of Corporations			
SHRI	Medovex Corp.			
5000		of corporation	- must include suffix	
Dear S	Sir or Madam:			
"Certi	nclosed "Application by Foreign C ficate of Existence," or "Certificat referenced foreign corporation to	te of Good Stai	nding" and check are sub	
Please	return all correspondence concern	ning this matte	r to the following:	
Raymo	ond Monteleone			
	· · · · · · · · · · · · · · · · · · ·	Name of	Person	-
Paladi	n Global Partners			~ ~
		Firm/Con	ıpany	T
612 SI	E 5th Avenue, STE 6			
		Addr	ess	
Fort L	auderdale, FL 33301			<u></u> ) {
		City/State a	nd Zip code	<del>-                                    </del>
ray@p	aladinglobalpartners.com			<u>ට</u> ප
	E-mail addres	ss: (to be used	for future annual report	notification)
For fu	rther information concerning this	matter, please o	call:	
Patrici	tricia Loomis 954 653-1071			
	Name of Person	Area Cod	e Daytime Telep	hone Number
	STREET/COURIER ADDREST Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
	oed is a check for the following are 0.00 Filing Fee	ng Fee & ■	\$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.	Medovex Corp					
	(Enter name of c	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.")	," "COMPAN)	y," "CORPORATI	ON,"	
	(If name unavail	able in Florida, enter alternate corporate name	adopted for the	e purpose of transac	eting business in Florid	
2.	Nevada	2			-	,
<u>~</u> .	(State or countr	ry under the law of which it is incorporated)	•	(FEI number, if	applicable)	
4.	July 30, 2013	·	1	,	,	
ᅻ.	(Date	e of incorporation)	·(Dat	te of duration, if oth	ner than perpetual)	—
6.						
7	201 East Kenned	(Date first transacted business (SEE SECTIONS 607.1501 & 607.1 y Boulevard, STE 700, Tampa, FL 33602  (Princi	in Florida, if pri	termine penalty liab	pollity)	
_		(Current maili	ing address, if d	ifferent)		一行
8.	Name and stree	et address of Florida registered agent: (P.	O. Box NOT	acceptable)	,	
	Name:	Capitol Corporate Services, Inc.	<u></u>		တ်	
Ofi	fice Address:	515 East Park Avenue, 2nd Floor				
		Tallahassee	, Florida	32301		
		(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.

Kim Tadlock, Asst Sect on behalf of Capitol Corporate Services, Inc.

(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.

A. DIR	ECTORS	
Chairma	William B Horne	
Address:	201 Bast Kennedy Boulevard, STE 700, Tampa, FL 33602	1111
Vice Cha	irman:	
Address;		· ·
Director:	Raymond Monteleone	
	201 East Kennedy Boulevard, STE 700, Tampa, FL 33602	
Director.	Michael Yurkowsky	7
	201 East Kennedy Boulevard, STE 700, Tampa, FL 33602	1 10
B. OFF	ICERS	
	William E Home, Chief Executive Officer	
	201 East Kennedy Boulevard, STE 700, Tampa, FL 33602	3. 00
Vice Pres	Jeremy Daniel, Chief Financial Officer dent:	
	201 East Kennedy Boulevard, STE 700, Tampa, FL 33602	
Secretary:		
Address:		
Treasurer:		
Address:		
NOTE: 1	If necessary, you may attach an addendum to the application listing additional office	rs and/or directors.
The office are true a a third de	Signature of Director or Officer or or director signing this document (and who is listed in number 11 above) affirms that the or she is aware that false information submitted in a document to the Department of	that the facts stated herein artment of State constitutes
13. <u>Joren</u>	y Daniel, Chief Financial Officer  (Typed or printed name and conscient of name and cons	
	(Typed or printed name and capacity of person signing application)	

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

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby, certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, MEDOVEX CORP., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 30, 2013, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 6, 2019.

Bollans K. Cegevske

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20190308-0236