

F190000002099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

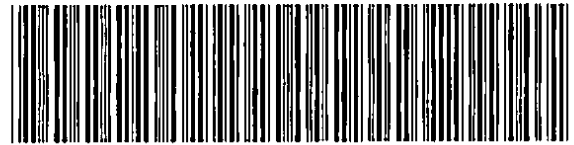
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W19-42021 name N/A

Office Use Only



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APR 30 PM 3:46
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FALLS CHURCH, VA
CLERK OF COURT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED STATE
DEPARTMENT OF STATE
19 APR 30 PM 4:25

April 30, 2019

CAPITAL CONNECTION, INC.

SUBJECT: SUNWAVE HEALTH INC.
Ref. Number: W19000042021

We have received your document for SUNWAVE HEALTH INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

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.

Stacy Prather
Regulatory Specialist III

Letter Number: 119A00008587

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Sunwave Health Inc

Signature _____

Requested by: Seth

04/30/19

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

____ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

____ Art. of Amend. File _____

____ RA Resignation _____

____ Dissolution / Withdrawal _____

____ Annual Report / Reinstatement _____

____ Cert. Copy _____

____ Photo Copy _____

____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search _____

____ UCC 11 Retrieval _____

____ Courier _____

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.

Sunwave Health Inc.

1. _____
(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

81-2600604

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4/23/2019

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 4/23/2019
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
1200 NW 17th Avenue, Suite 16, Delray Beach, FL 33445

7. _____
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Ward Damon Business Services, LLC

Name: _____
4420 Beacon Circle

Office Address: _____
West Palm Beach 33407
_____, Florida
(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.



(Registered agent's signature) Conrad Damon, Manager

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.

2019 APR 30 PM 3:46

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

A. DIRECTORS

Chairman: Jay Rosen ✓
1200 NW 17th Avenue, Suite 16
Address: Delray Beach, FL 33445

Vice Chairman: _____
Address: _____

Director: Elie Levy ✓
1200 NW 17th Avenue, Suite 16
Address: Delray Beach, FL 33445

Director: Jon Erik Chassion -
1200 NW 17th Avenue, Suite 16
Address: Delray Beach, FL 33445

B. OFFICERS

President: Elie Levy ✓
1200 NW 17th Avenue, Suite 16
Address: Delray Beach, FL 33445

Vice President: Jay Rosen ✓
1200 NW 17th Avenue, Suite 16
Address: Delray Beach, FL 33445

Secretary: Jon Erik Chassion -
1200 NW 17th Avenue, Suite 16, Delray Beach, FL 33445

Treasurer: Jay Rosen -
1200 NW 17th Avenue, Suite 16, Delray Beach, FL 33445

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. Jay Rosen, Vice President
(Typed or printed name and capacity of person signing application)

FILED
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MULTI-HS-REC-411

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUNWAVE HEALTH 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 TWENTY-FIFTH DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUNWAVE HEALTH INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF APRIL, A.D. 2019.

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



7387701 8300

SR# 20193185166

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202710539

Date: 04-25-19