

F19000002353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

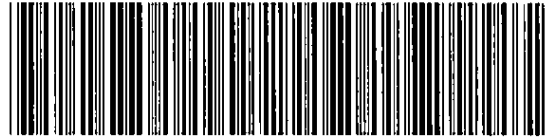
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900329478239

RECEIVED
19 MAY 15 PM 1:34
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
STATION 1100
ST. LOUIS, MISSOURI 63103

B KINSEY
MAY 17 2019



RESUBMIT

Please give original
submission date as file date.

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 16, 2019

CSC

SUBJECT: NEUSOFT MEDICAL SYSTEMS USA, INC.
Ref. Number: W19000048148

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

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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) 245-6052.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 319A00009874

RECEIVED
DIVISION OF STATE
19 MAY 16 PM 4:29



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 17, 2019

CSC

SUBJECT: NEUSOFT MEDICAL SYSTEMS USA, INC.
Ref. Number: W19000048148

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

You failed to make the correction(s) requested in our previous letter.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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) 245-6052.

Brooke N Kinsey
Regulatory Specialist II


Letter Number: 519A00009992

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 763431 7866336

AUTHORIZATION :



COST LIMIT : \$ 70.00

ORDER DATE : May 14, 2019

ORDER TIME : 1:09 PM

ORDER NO. : 763431-005

CUSTOMER NO: 7866336

FOREIGN FILINGS

NAME: NEUSOFT MEDICAL SYSTEMS
USA, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

COVER LETTER

TO: Registration Section
Division of Corporations
NEUSOFT MEDICAL SYSTEMS USA, INC

SUBJECT: _____
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
CHRISTOPHER A MCHAN

Name of Person
NEUSOFT MEDICAL SYSTEMS USA, INC.

Firm/Company
14425 TORREYCHASE BLVD SUITE 100

Address
HOUSTON TX 77014

City/State and Zip code
CHRISTOPHER.MCHAN@US.NEUSOFT.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTOPHER A MCHAN 281 453-1205

Name of Person at (_____) Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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. NEOSOF, MEDICAL SYSTEMS U.S.A., INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
JUNE 06, 2006

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
01 APRIL 2019

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
14425 TORREYCHASE BLVD SUITE 100, HOUSTON TX 77014

7. _____
(Principal office address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Tallahassee, Florida 32301
(City) (Zip code)

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.

By: Cynthia Miller
(Registered agent's signature)

Roxanne Turner
Asst. Vice President

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:

A. DIRECTORS

SHAOJIE WU

Chairman:

NO 177-1 CHUANGXIN DR HUNNAN DISTRICT

Address:

LIAONG, CHINA

DONGLONG HAN

Vice Chairman:

NO 177-1 CHUANGXIN DR HUNNAN DISTRICT

Address:

LIAONG, CHINA

NI WANG

Director:

NO 177-1 CHUANGXIN DR HUNNAN DISTRICT

Address:

LIAONG, CHINA

ZHANG DAN

Director:

NO 177-1 CHUANGXIN DR HUNNAN DISTRICT

Address:

LIAONG CHINA

B. OFFICERS

CHRISTOPHER A MCHAN

President:

14425 TORREYCHAS BLVD SUITE 100

Address:

HOUSTON TX 77014

WANG JUNG

Vice President:

14425 TORREYCHASE BLVD SUITE 100

Address:

HOUSTON TX 77014

FENGQIAO LI

Secretary:

14425 TORREYCHASE BLVD SUITE 100, HOUSTON 77014

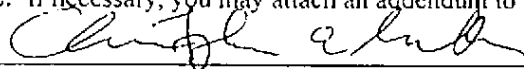
Address:

Treasurer:

Address:

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.

CHRISTOPHER A MCHAN -PRESIDENT

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEUSOFT MEDICAL SYSTEMS U.S.A., 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 FOURTEENTH DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NEUSOFT MEDICAL SYSTEMS U.S.A., INC." WAS INCORPORATED ON THE SIXTH DAY OF JUNE, A.D. 2006.

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



4169040 8300

SR# 20193892125

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.

Authentication: 202822823

Date: 05-14-19