

# F19000002814

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

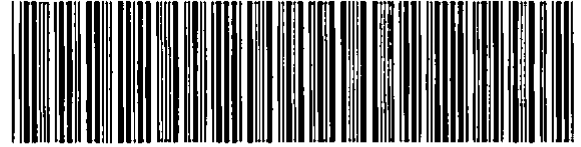
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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19 JUN 14 PM 4:39  
STATE OF FLORIDA  
TALLAHASSEE, FL 32310

B KINSEY

JUN 18 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 22, 2019

IZHAK MAMANE  
237 POINCIANA ISLAND DR  
SUNNY ISLES, FL 33160

SUBJECT: MERRYMED INC  
Ref. Number: W19000038438

We have received your document for MERRYMED 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):

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

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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: 919A00010399

RECEIVED  
JUN 14 2019

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 Tallahassee, Florida 32311



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 18, 2019

IZHAK MAMANE  
237 POINCIANA ISLAND DR  
SUNNY ISLES, FL 33160

SUBJECT: MERRYMED INC  
Ref. Number: W19000038438

We have received your document for MERRYMED 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 and title of the person signing the document must be noted beneath or opposite the signature.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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: 419A00007917

**RECEIVED**  
MAY 21 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations  
MERRYMED 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:  
EF AE MAMAN E

\_\_\_\_\_  
Name of Person  
MERRYMED INC

\_\_\_\_\_  
Firm/Company  
257 POINCIANA ISLAND DR

\_\_\_\_\_  
Address  
SUNNY ISLES BEACH, FL 33160

\_\_\_\_\_  
City/State and Zip code  
l2a1.maman12@gmail.com

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

For further information concerning this matter, please call:

EF AE MAMAN E 954 552-2512  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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

19 JUN 14 PM 4:39  
STATE OF FLORIDA  
TALLAHASSEE, FL 32314

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.

MEERKYMED INC

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

MEERKYMED FLORIDA INC

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  
ORIGIN: \_\_\_\_\_ 82-5185346

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
0-10-20-8

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

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  
3008 PINE ISLAND DR, SUITE 308, PLANTATION, FL 33324

7. \_\_\_\_\_  
(Principal office address)  
237 POINCIANA ISLAND DR, SUNNY ISLES BEACH, FL 33160

(Current mailing address, if different)

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

IZHAK MAMANE

Name:

237 POINCIANA ISLAND DR

Office Address:

SUNNY ISLES BEACH

33160

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

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.

19 JUN 14 PM 4:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: IZHAK MAMANE

Address: 137 POINCIANA ISLAND DR

Address: SUNNY ISLES BEACH, FL 33160

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

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.

13. IZHAK MAMANE Izhak Mamane member

(Typed or printed name and capacity of person signing application)

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19 JUN 14 PM 4:39  
STATE ARCHIVE  
TALLAHASSEE, FLORIDA

# *State of Oregon*

*OFFICE OF THE SECRETARY OF STATE  
Corporation Division*

## **Certificate of Existence 850P473X7**

*I, BEV CLARNO, SECRETARY OF STATE and Custodian of the Seal of said State, do  
hereby certify:*

**MERRYMED INC**

*is*

**Incorporated**

*under the laws of The State of Oregon*

*and is active on the records of the Corporation Division as of the date of this certificate.*



*In Testimony Whereof, I have hereunto set  
my hand and affixed hereto the Seal of the  
State of Oregon.*

A handwritten signature in cursive script, reading "Bev Clarno".

**BEV CLARNO, SECRETARY OF STATE**

**6/6/2019**