

F19000002832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

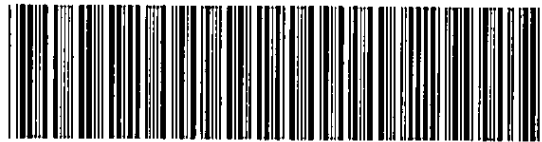
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

*Kim requested that there be
a ";" added to the name
6-18-19 @ 2:15

Office Use Only



600329405996

05/23/19--01013--001 **70.00

FILED
19 JUN 18 PM 4:43
STATE
TALLAHASSEE, FL 32310

B KINSEY

JUN 19 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2019

CATHERINE MATTHES
20 S SARAH
ST LOUIS, MO 63108

SUBJECT: ICHOR VASCULAR INC.
Ref. Number: W19000053880

We have received your document for ICHOR VASCULAR INC. and your check(s) totaling \$70.00. 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.

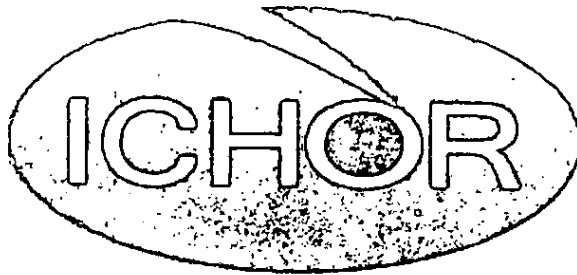
Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$650.00.

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: 519A00011244



June 18, 2019

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Attn: Brooke Kinsey

Re: Letter Number: 519A00011244

Dear Brooke,

This letter is in reference to the application for Ichor Vascular, Inc.

I am writing you to let you know that the date 9/1/18 that we entered for first transacted business in Florida, if prior to registration was a typo. The correct date is 6/1/2019.

Please make this correction.

Thank you for your time.

Sincerely,

Kim B. McHenry
Office Manager

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations
Ichor Vascular 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:
Catherine L. Matthes

Name of Person
Ichor Vascular Inc.

Firm/Company
20 S Sarah

Address
St. Louis, MO 63108

City/State and Zip code
admin@cupratesvascular.com

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

For further information concerning this matter, please call:

Catherine L. Matthes 314 787-7475

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

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CLERK OF SUPREME COURT
TALLAHASSEE, FLORIDA

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.

Ichor Vascular, 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)
Minnesota 47-2453097

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

11/19/14

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

9/1/18

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

20 S Sarah, St. Louis, MO 63018

7. _____
(Principal office address)

(Current mailing address, if different)

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

CT Corporation System

Name:

1200 South Pine Island Road

Office Address:

Plantation

33324

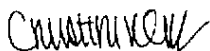
(City)

, Florida (Zip code)

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19 JUN 18 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.



Christine Kelm
Assistant Secretary

05/13/2019

(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:

A. DIRECTORS

Robert Mitchell

Chairman:

2208 W Reserve Circle, St. George, UT 84770

Address:

Vice Chairman:

Address:

Sean Morris

Director:

245 Bountiful Pointe Cir, Wildwood, MO 63040

Address:

Jeff Blair

Director:

8103 Knollview Ct., Indianapolis, IN 46256

Address:

B. OFFICERS

Tim Blair

President:

1900 NW 25th Street, Boca Raton, FL 33431

Address:

Catherine L Matthes

Vice President:

9643 Mill Hill Lane, St. Louis, MO 63127

Address:

Chris Reid

Secretary:

505 N 7th Street, St. Louis, MO 63101

Address:

Treasurer:

Address:

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CLERK OF DISTRICT COURT
JAIL AKA SEEN FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.

Catherine L Matthes

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.

Catherine L Matthes, CFO

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

Addendum

11. A. Additional director

Thomas Hillman

120 S Central Ste 1000

St. Louis, MO 63105

11. B. Additional officer

Sean Morris

245 Bountiful Pointe Cir

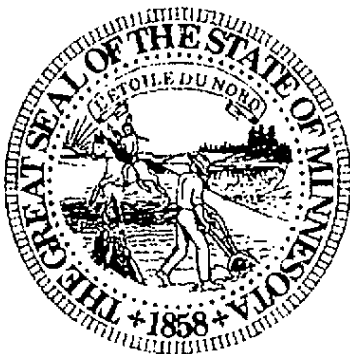
Wildwood, MO 63040

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Ichor Vascular, Inc.
Date Filed:	11/19/2014
File Number:	794872700026
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 04/24/2019



Steve Simon

Steve Simon
Secretary of State
State of Minnesota