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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone : (954)208-0845 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## FOREIGN PROFIT/NONPROFIT CORPORATION ARANZ Medical Inc.

Certificate of Status	0
Certified Copy	1
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K. SALY JUL 2 6 2019

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

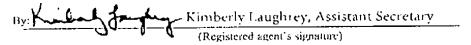
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

ARANZ Med	·		
	f corporation; must include "INCORPORATEI "Corp," "Inc," "Co," or "Corp.")	)," "COMPANY," "CORPORATION,"	
/IC man = 111111	illustration Etherida, contro ultramute comporate name	e adopted for the purpose of transacting business	in Florida)
Dalumaa			
2. (State of the control of the contr	ntry under the law of which it is incorporated)	(FEI number, if applicable)	
4. 19th June 2014 5. 47-i296492 5. (Date of incorporation) (Date of		Date of direction if other than person	(111)
(12)	ate of incorporation)	(isate of withining it office wait faithe	·····,
	(Date first transacted business (SEE SECTIONS 607.150) & 607, reford Street, Christchurch Central, Christchurch (Princ	in Florida, if prior to registration) 1502, F.S., to determine penalty liability) th. New Zealand 8013	19 JUI
		ling address, if different)	25 [
8. Name and <u>sta</u>	reet address of Florida registered agent: (I C.T Corporation System		PH 4: 10
Office Address:	1200 South Pine Island Road		7:-
	Plantation	, Florida 33324	
	(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.

C.T. Corporation System.



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.

<ol> <li>Names and business addresses of officers and/or of</li> </ol>	directors:
------------------------------------------------------------------------	------------

	ECTORS		
Chairman	Erik Engelson		
	401 Encinal Avenue, Menlo Park,		
	CA 94025-3106		
Vice Chai	ilman:		
Address:			· · · · · · · · · · · · · · · · · · ·
Director:	Brice Davey		
Address;	Level 1, 47 Hereford Street, Christehurch Central		
•	Christehurch 8013, New Zealand		
Director:			<u> 1</u> 9
Address:			<u>J</u>
B. OFF	TCER8		<del>- 25-</del>
Umaidan:	Bruce Davey		ž
Address:	Level 1, 47 Hereford Street, Christchurch Central	<u>ب</u> ب	
Aud.CSS.	Christchurch 8013, New Zealand	į	<u></u>
Vice Pres	ident:		
Address:			
Secretary:	Lyun Harrison		
Address:	Level 1, 47 Hereford Street, Christchurch Central, Christchurch 8013, New Zealand		
	Lynn Harrison		
Address:	Level 1, 47 Hereford Street, Christchurch Central, Christchurch 8013, New Zealand		
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or d	irectors.	
The offic are true a a third de	Signature of Director or Officer cer or director signing this document (and who is listed in number 11 above) affirms that the fac and that he or she is aware that false information submitted in a document to the Department of Segree felony as provided for in s.817.155, F.S.  In Harrison (Chief Financial Office/Secretary/Treasurer)	ts stated h State cons	nerein stitutes
	(Typed or printed name and capacity of person signing application)		



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ARANZ MEDICAL, INC." IS DULY

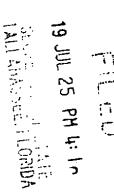
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF JULY, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.



5555172 8300 SR# 20196117465

Authentication: 203271632

Date: 07-23-19