# F19000003556

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## Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.Incserv.com

e-mail: accounting@incserv.com

### **ORDER FORM**

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com

FROM Melissa Stops mstops@incserv.com 850.656.7953

**REQUEST DATE** 8/1/2019

850-245-6051

**PRIORITY** Routine

**OUR REF # (Order ID#)** 760215

**ORDER ENTITY** 

SKYDANCE VASCULAR, INC.

#### PLEASE PERFORM THE FOLLOWING SERVICES:

SKYDANCE VASCULAR, INC. (FL)

File the attached foreign qualification document and provide a certified copy as evidence.

#### **NOTES:**

\$78.75 Authorized

Email address for annual report reminders: radiv@incserv.com

#### **RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Thursday, August 01, 2019 Page 1 of

# 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.

(If name unavail Delaware	able in Florida, enter alternate corporate name	e adopted for the purpose of transaction 84-2497683	ng business in Florida)
	3		
(State or count 7/1/2019	ry under the law of which it is incorporated)	(FEI number, if a	oplicable)
5		Date of duration, if other	than perpetual)
(2-2	, o	(5216 61 6214116111 11 63161	mar purputan,
	rive. Suite 204, Salt Lake City, Utah 84108	in Florida, if prior to registration) 1502, F.S., to determine penalty liabil	ity)
	(SEE SECTIONS 607.1501 & 607.1 rive. Suite 204, Salt Lake City, Utah 84108		ity)
	(SEE SECTIONS 607.1501 & 607.1 rive, Suite 204, Salt Lake City, Utah 84108 (Princi	502, F.S., to determine penalty liabil	ity)
	(SEE SECTIONS 607.1501 & 607.1501 of 607.1501 & 607.1501 of 607.15	ipal office address) ing address, if different)	2019 AUG
Name and stree Name:	(SEE SECTIONS 607.1501 & 607.1501 of 607.1501 (Principle)  (Current mailing et address of Florida registered agent: (P.	ipal office address) ing address, if different)	
Name and stree	(SEE SECTIONS 607.1501 & 607.1501 of 607.1501 & 607.1501 of 607.15	ipal office address) ing address, if different)	2019 AUG

#### 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: \_\_\_\_ N/A Vice Chairman: \_\_\_ Bill Bold Director: 630 S. Komas Drive, Suite 204, Salt Lake City, Utah 84108 Address: \_\_\_\_\_ Mike Anstett Director: 630 S. Komas Drive, Suite 204, Salt Lake City, Utah 84108 Address: **B. OFFICERS** Bill Bold President: 630 S. Komas Drive, Suite 204, Salt Lake City, Utah 84108 Address: N/A Vice President: Address: \_ David Wirthlin Secretary: 630 S. Komas Drive, Suite 204, Salt Lake City, Utah 84108 Address: David Wirthlin Treasurer: 630 S. Komas Drive, Suite 204, Salt Lake City, Utah 84108 Address: \_\_\_\_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Tilell 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. Bill Bold Director

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



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

DELAWARE, DO HEREBY CERTIFY "SKYDANCE VASCULAR, 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 FIRST DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SKYDANCE

VASCULAR, INC." WAS INCORPORATED ON THE FIRST DAY OF JULY, A.D.

2019.

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

Authentication: 203328466

Date: 08-01-19