

9/27/2019

Division of Corporations

**F19000004426**

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

**\*\*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

**Diabetes Store, Incorporated**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$728.75

6 PAGE FAX

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**SUBMISSION DATE OF**

**09/26/2019**

**B KINSEY**  
**SEP 30 2019**

2019 SEP 27 PM 12:13

2019 SEP 26 AM 10:48

2019 SEP 27

# 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.

1. Diabetes Store, Incorporated  
 (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)

2. TN 3. 02-0569951  
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/09/2002 5. \_\_\_\_\_  
 (Date of incorporation) (Date of duration, if other than perpetual)

6. 6/18/18  
 (Date first transacted business in Florida, if prior to registration)  
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 777 Deltona Blvd, Suite 4-5, Deltona, FL 32725  
 (Principal office address)

1760 Moriah Woods Blvd, #2, Memphis, TN 38117  
 (Current mailing address, if different)

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

Name: NRAI Services, Inc.  
 Office Address: 1200 South Pine Island Road  
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

By: Linda Stauffer Linda Stauffer, Assistant Secretary  
 (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.

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

**A. DIRECTORS**

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

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

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

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

Director: Jonathan Chapman

Address: 5182 W 76th St, Edina, MN 55439-2900

Director: Kosuke Nakanishi

Address: 5182 W 76th St, Edina, MN 55439-2900

**B. OFFICERS**

President: Jonathan Chapman

Address: 5182 W 76th St, Edina, MN 55439-2900

Vice President: Craig Brosseau

Address: 5182 W 76th St, Edina, MN 55439-2900

Secretary: Craig Brosseau

Address: 5182 W 76th St, Edina, MN 55439-2900

Treasurer: Craig Brosseau

Address: 5182 W 76th St, Edina, MN 55439-2900

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. Craig R. Brosseau, Secretary  
\_\_\_\_\_  
(Typed or printed name and capacity of person signing application)



**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**

State of Tennessee  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

WOLTERS KLUWER  
118 W EDWARDS STE 200  
SPRINGFIELD, IL 62704

September 26, 2019

Request Type: Certificate of Existence/Authorization  
Request #: 0331944

Issuance Date: 09/26/2019  
Copies Requested: 1

Document Receipt

Receipt #: 005035727

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3766391564

\$20.00

Regarding: Diabetes Store, Incorporated  
Filing Type: For-profit Corporation - Domestic  
Formation/Qualification Date: 04/09/2002  
Status: Active  
Duration Term: Perpetual  
Business County:

Control #: 424859  
Date Formed: 04/09/2002  
Formation Locale: TENNESSEE  
Inactive Date:

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Diabetes Store, Incorporated

- \* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

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