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PICK-UP WAIT MAIL
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T GLASS DEC 0 2 2019 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 069731 4311859

AUTHORIZATION : Smell & ex

COST LIMIT : \$\frac{\$}{8}7\_2\sqrt{50}

ORDER DATE: November 27, 2019

ORDER TIME : 3:04 PM

ORDER NO. : 069731-005

CUSTOMER NO: 4311859

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## FOREIGN FILINGS

NAME: PROFOUND MEDICAL (U.S.) INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

\_\_\_\_ PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER:

## **COVER LETTER**

_	stration Section ion of Corporations			
SUBJECT:	Profound Medical (U.S.			
SOBSECT.	Na	ame of corporation	n - must include suffix	
Dear Sir or M	ladam:			
"Certificate o		icate of Good Star	nding" and check are su	act Business in Florida," bmitted to register the
Please return Jennifer Fong	all correspondence con	cerning this matte	r to the following:	
Torys LLP		Name of	Person	
1114 Avenue o	of the Americas, 23rd Floo	Firm/Con	ipany	
New York, NY	10036	Addre	ess	23
jfong@torys.co	om	City/State a	nd Zip code	· · · · · · · · · · · · · · · · · · ·
	E-mail add	dress: (to be used	for future annual report	notification)
For further inf	Cormation concerning th	nis matter, please o	eall:	
Jennifer Fong		212	***	
Name	e of Person	Area Cod	e Daytime Telep	phone Number
Regisi Divisi Clifto 2661 I Tallah	ET/COURIER ADDI tration Section on of Corporations in Building Executive Center Circle tassee, FL 32301	:	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 7
□ \$70.00 Fili	ng Fee 🔲 \$78.75 F		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status &

## 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.	Profound Medi	cal (U.S.) Inc.			
		corporation; must include "INCORPORA Corp." "Inc," "Co," or "Corp.")	TED," "Co	OMPANY," "CORPORATIO	ν,"
	(If name unavail	lable in Florida, enter alternate corporate	name adop	led for the purpose of transacti	ng business in Florida)
2.	Delaware		3		
	(State or count	ry under the law of which it is incorporate	<u>-d)</u> 3	(FEI number, if a	pplicable)
4.	1/4/2016		5		
٠,	(Date	e of incorporation)		(Date of duration, if othe	r than perpetual)
6.	January 1, 2020	)			
	28430 Altessa W	(Date first transacted busin (SEE SECTIONS 607.1501 & 0 /ay, Unit 104, Bonita Springs EL.34135_	607.1502 <b>,</b> F	ida, if prior to registration) F.S., to determine penalty liabi	lity)
7.				fice address)	
		(1	Tincipal of	nice address)	
		(Current	mailing add	dress, if different)	2015 ::
8.	Name and stree	et address of Florida registered agent: Corporation Service Company	: (P.O. Bo	ox <u>NOT</u> acceptable)	2
Of	Tice Address:	1201 Hays Street			 (
		Tallahassee		32301 Florida	- <u>-</u>
		(City)	_	(Zip code)	
Ha de. fui	aving been nam signated in this other agree to c	ent's acceptance: ned as registered agent and to accept application, I hereby accept the app comply with the provisions of all state familiar with and accept the obligation	oointment utes relati	as registered agent and ag ve to the proper and comp	ree to act in this capacity. I lete performance of my
		Corporation Service Company	1		Harry B. Davis Asst. Vice President
	<u>B</u>	у:		<u> </u>	Mest. Vice President
		(Regist	tered 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. DIRI	ECTORS	
Chairman	: Arun Menawat	
Address:	28430 Altessa Way, Unit 104, Bonita Springs FL 34135	
	<del></del>	
Vice Chai	rman:	
Address:		<del>_</del>
Director:	Rashed Dewan	
Address:	2400 Skymark Avenue, #6, Mississauga, ON L4W 5K5, CANADA	
Director:	Aaron Davidson	
Address:	2400 Skymark Avenue, #6, Mississauga, ON L4W 5K5, CANADA	
B. OFF	ICERS	
President:	Arun Menawat	
Address:	28430 Altessa Way, Unit 104, Bonita Springs FL 34135	29191
Vice Presi	dent:	2.7
	Aaron Davidson	. :: ::::::::::::::::::::::::::::::::::
Secretary:	2400 Skymark Avenue, #6, Mississauga, ON L4W 5K5, CANADA	
Audress.	Rashed Dewan	
	2400 Skymark Avenue, #6, Mississauga, ON L4W 5K5, CANADA	
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or direc	tors.
12	Arun Menaint	<u></u>
The officate are true a	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that the facts so and that he or she is aware that false information submitted in a document to the Department of Stat gree felony as provided for in s.817.155, F.S.	tated herein e constitutes
13. <u>Arun</u>	Menawat, CEO and President	
	/m:	



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

DELAWARE, DO HEREBY CERTIFY "PROFOUND MEDICAL (U.S.) 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-SEVENTH DAY OF NOVEMBER, 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 SAID "PROFOUND MEDICAL (U.S.) INC." WAS INCORPORATED ON THE FOURTH DAY OF JANUARY, A.D. 2016.

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





Authentication: 204100770

Date: 11-27-19

5900366 8300 SR# 20198342201