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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES

Account Number : I20160000008

Phone : (850)777-2091 Fax Number : (770)220-1943

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

Email	Address:			

FOREIGN PROFIT/NONPROFIT CORPORATION ORTHOSCAN, INC.

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Help

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.

	rporation; must include "INCORPORATED." rp." "Inc." "Co." or "Corp.")			
(It name unavailal	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida		
Delaware		20-1602923		
	205	(FEI number, if applicable)		
(Date	of incorporation)	(Date of duration, if other than perpetual)		
14555 N. 82 St	reet, Scottsdale, AZ. 85260	502, F.S., to determine penalty liability) pal office address)		
Sarne	V			
	(Current maili	ng address, if different)		
. Name and <u>stree</u> Name:	ct address of Florida registered agent: (P. C T Corporation System	O. Box NOT acceptable)		
Office Address:	1200 S Pine Island Road			
	Plantation	, Florida		
	(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.

(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:

	ECTORS Klaus Hoemdler	
Chairman 	Leopoldstrabe 50	
Address:	Munchen, 80802	
Vice Cha	Stephan Dippoid	
Address:	Leopoidstrabe 50	
	Munchen, 80802	
Director:	Nelson Mendes	
Address	14555 N. 82 Street	
	Scottsdale, AZ 85260	
Di rec tor:	Frank Garcia	
Address:	14555 N. 82 Street	
, ,	Scottsdale, AZ 85260	
B. OFF	ICERS	
President	Nelson Mendes	
Address:	14555 N. 82 Street	20:10
	Scottsdale, AZ 85260	Û J.
Vice Pres	Frunk Garcia	1 .
Address:	14555 N. 82 Street	
	Scottsdale, AZ 85260	10
Secretary	Hogie Saunders	<u>သ</u>
Address:	14555 N. 82 Street, Scottsdale, AZ 85260	
Treasure	Gavin O'Brien	
Address:	14555 N. 82 Street, Scottsdale, AZ 85260	 -
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or director	ors.
12.		
are true a third d	Signature of Director or Officer cer or director signing this document (and who is listed in number 11 above) affirms that the facts stated that he or she is aware that false information submitted in a document to the Department of State egree felony as provided for in s.877/55, F.S. ik Garcia, Vice President	

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "ORTHOSCAN, 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 SEVENTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ORTHOSCAN, INC."
WAS INCORPORATED ON THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2007.

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

Authentication: 202139027

Date: 01-07-20

4423034 8300 SR# 20200125163

You may verify this certificate online at corp.delaware.gov/authver.shtml