

1/28/2020

Division of Corporations

Florida Department of State
Division of Corporations
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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
ROUTE 92 MEDICAL, INC.**

Certificate of Status	0
Certified Copy	1
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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.*

ROUTE 92 MEDICAL, INC.

1. _____
(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)
DELAWARE 27-1721502

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
1/15/2010

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
1/20/20

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

1700 SOUTH EL CAMINO REAL STE 206 SAN MATEO CA 94402

7. _____
(Principal office address)

(Current mailing address, if different)

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

Name: C T Corporation System

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: Carole Graham
(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:

Please see addendum for a list of additional Directors and Officers.

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: TONY M. CHOU
1700 SOUTH EL CAMINO REAL STE 206 SAN MATEO CA 94402

Address: _____

Director: JACK W. LASERSOHN
1700 SOUTH EL CAMINO REAL STE 206 SAN MATEO CA 94402

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: JOHN E RUNNELLS
1700 SOUTH EL CAMINO REAL STE 206 SAN MATEO CA 94402

Address: _____

Treasurer: _____

Address: _____

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. TONY CHOU, CEO

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

**ADDENDUM TO THE APPLICATION BY FOREIGN CORPORATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

ROUTE 92 MEDICAL, INC.

11.

A. DIRECTORS

Director: JONATHAN ROOT

Address: 1700 SOUTH EL CAMINO REAL STE 206 SAN MATEO CA 94402

Director: CASPER DE CLERCQ

Address: 1700 SOUTH EL CAMINO REAL STE 206 SAN MATEO CA 94402

B. OFFICERS

CEO: TONY CHOU

Address: 1700 SOUTH EL CAMINO REAL STE 206 SAN MATEO CA 94402

FILED
2020 JAN 28 AM 10:17
ALABAMA COUNTY CLERK

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ROUTE 92 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-EIGHTH 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

2020 JAN 28 AM 10:11
CLERK OF THE SECRETARY OF STATE

FILED




Jeffrey W. Bullock, Secretary of State

4777804 8300

SR# 20200618865

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Date: 01-28-20