

F20000001331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

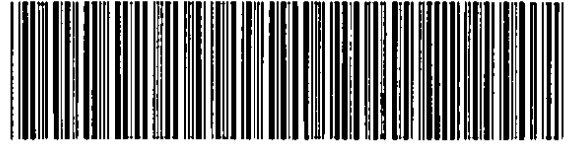
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T GLASS

MAR 21 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2020

FRANK W. TESSITORE
76 BEDFORD STREETS, SUITE 38
LEXINGTON, MA 02420 US

SUBJECT: BIOSTOR SYSTEMS INC.
Ref. Number: W20000010601

We have received your document for BIOSTOR SYSTEMS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is L13000013528.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass
Regulatory Specialist II

Letter Number: 420A00002386

Received
03/09/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Biostor Systems Inc

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Frank W. Tessitore

Name of Person

O'Donnell & Tessitore LLP

Firm/Company

76 Bedford Streets, Suite 38

Address

Lexington MA 02420

City/State and Zip code

frank@odtlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna DiRusso

at (781) 863-0610

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

2023 JUL -9 PM 2:27

**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. Biostor Systems Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- Biostor Systems Holdings Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 6/4/2019 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 10800 NW 106th Street, Suite 20, Miami FL 33178
(Principal office street address)
- _____
(Current mailing address, if different)

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

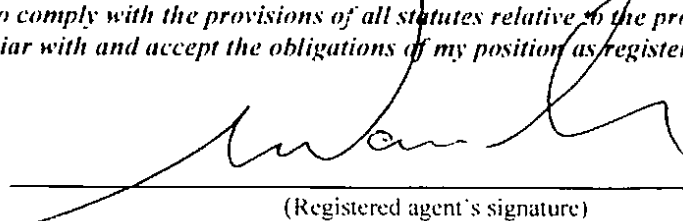
Name: Nathan Wannemacher

Office Address: 10800 NW 106th Street, Suite 20

Miami, Florida 33178
(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Georg H. Thiessen
☐ Vice Chairman Address: Hauptstrasse 36 i
☒ Director 22885 Barsbuettel
☐ President Germany
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Peter Laupp
☐ Vice Chairman Address: Ahornstrasse 32
☒ Director Austria
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Georg H. Thiessen
☐ Vice Chairman Address: Hauptstrasse 36 i
☐ Director 22885 Barsbuettel
☒ President Germany
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Sandra LaCava
☐ Vice Chairman Address: 511 Orchard RD
☐ Director Perkasie, PA 18944
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☒ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Sandra LaCava
☐ Vice Chairman Address: 511 Orchard Rd
☐ Director Perkasie, PA 18944
☐ President _____
☐ Vice President _____
☒ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

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Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Georg H. Thiessen
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. Georg H. Thiessen, President and Director
(Typed or printed name and capacity of person signing application)

Delaware

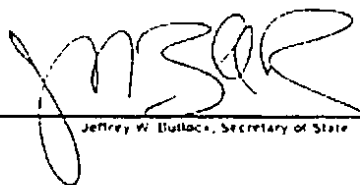
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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "BIOSTOR SYSTEMS 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 SIXTH DAY OF JANUARY, A.D. 2020.

2020 JAN -9 PM 2:27




Jeffrey W. Bullock, Secretary of State

7451444 8300

SR# 20200073253

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

Authentication: 202128789

Date: 01-06-20