

F20000002932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

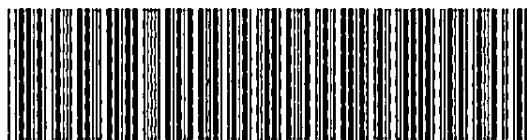
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FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARDIOCAST 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:

DOUGLAS LOTZ

Name of Person

CARDIOCAST INC.

Firm/Company

382 NE 191ST ST #33312

Address

MIAMI, FL 33179-3899

City/State and Zip code

DOUG@CARDIOCAST.APP

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

For further information concerning this matter, please call:

DOUGLAS LOTZ

at (203) 594-6774

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

**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.*

CARDIOCAST INC.

(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 3. 84-3250134

(State or country under the law of which it is incorporated) (FEI number, if applicable)

DECEMBER 4, 2014

5.

(Date of incorporation)

(Date of duration, if other than perpetual)

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

30 ISLA BAHIA DR, FORT LAUDERDALE, FL 33316

(Principal office street address)

382 NE 191ST ST #33312, MIAMI, FLORIDA, 33316

(Current mailing address, if different)

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

Name: DOUGLAS LOTZ


ice Address: 30 ISLA BAHIA DR

FORT LAUDERDALE, Florida 33316
(City) (Zip code)

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Registered agent's acceptance:

*ing been named as registered agent and to accept service of process for the above stated corporation at the place
gnated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I
her agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties,
I am familiar with and accept the obligations of my position as registered agent.*


(Registered agent's signature)

Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to
Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction
the law of which it is incorporated.

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

DIRECTORS

☒ Chairman Name: DOUGLAS LOTZ
☐ Vice Chairman Address: 30 ISLA BAHIA DR
☐ Director FORT LAUDERDALE, FL 33316
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: PHILIP LOTZ
☐ Vice Chairman Address: 30 ISLA BAHIA DR
☐ Director FORT LAUDERDALE, FL 33316
☐ President _____
☒ Vice President _____
☒ Secretary ☐ Treasurer _____
☐ Other _____ ☐ Other _____

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

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

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

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

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



Signature of Director or Officer

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 § 815.05, F.S.

DOUGLAS LOTZ

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

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CARDIOCAST 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 FOURTH DAY OF JUNE, A.D. 2020.



Jeffrey W. Bullock, Secretary of State

650825 8300

R# 20205304220

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

Authentication: 203049850

Date: 06-04-20