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COVER LETTER

	stration Section sion of Corporations			
SUBJECT:	IntroMedic America, Inc.			
SUBJECT.		rporation - mu	st include suffix	
Dear Sir or N	Madam:			
"Certificate	I "Application by Foreign Corpor of Existence," or "Certificate of C nced foreign corporation to transa	lood Standing"	and check are submitted	iness in Florida." I to register the
Please return	all correspondence concerning t	his matter to th	e following:	
EUN YOO				
		Name of Perso	n	
LEE & PAR	CO CO			
		Firm/Company		
3575 CAHUI	ENGA BLVD WEST STE 590			
		Address		
LOS ANGEL	LES, CALIFORNIA 90068			~ <u>.</u> 2
	Ci	ty/State and Zi	p code	70 E
EYOO@LEE	EPARKCPA.COM			
	E-mail address: (to	be used for fu	ture annual report notific	cation)
For further i	nformation concerning this matte	r, please call:		· · · · ·
				2 n :
EUN YOO at (213		213)_3	81-3787 	
Nar	me of Person	Area Code	Daytime Telephone	Number
Reg Divi The 241:	REET/COURIER ADDRESS: istration Section ision of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810 ahassee, FL 32303		MAILING ADDR Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	n ations
	a check for the following amount check payable to: FLORIDA DEPA iling Fee	RTMENT OF : ee & ■ \$78		\$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.

IntroMedic Am			<u> </u>	
	corporation; must include "INCORPORATEL Corp." "Inc." "Co." or "Corp.")	D," "COMPANY," "CORPORATION,"		
(If name unavail	lable in Florida, enter alternate corporate name	e adopted for the purpose of transacting but	siness in Florida)	
DELAWADE		84-5108845		
(State or country under the law of which it is incorporated 03/10/2020		,		
(Date of incorporation)		. (Date of duration, if other than p	pernetual)	
(Said of moorpolation)		(was or assasson, is office than perpetual)		
ACTI INTERNA	(SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)		
106/1 JEFFERS	ON ST. NE, BLAINE, MN 55434			
	(Principal of	Tice street address)		
	(Current maili	ing address, if different)		
	(Current man)	ing address. If different)		
Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)		
Name:	SCOTT GRYBEK		, <u>, , , , , , , , , , , , , , , , , , </u>	
fice Address:	3611 LAKE PADGETT DR	·		
	LAND O LAKES	, Florida ³⁴⁶³⁹	`	
	(City)	(Zip code)	- .	
Registered agent's acceptance:		•	ය.	
ignated in this ther agree to co	ed as registered agent and to accept serv application, I hereby accept the appoint omply with the provisions of all statutes i with and accept the obligations of my pa	ment as registered agent and agree to a relative to the proper and complete per	act in this capacit	
_	July Phila		•	
	Registered agent's s	ignature)		

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.

□Chairman	Name: SUNG JOON YOON	Chairman	Name:		
□Vice Chairman	107 \$1 HILLION CONFORMATION				
	Address: 10671 JEFFERSON ST. NE	□Vice Chairman		·	
■Director	BLAINE, MN 55434	□Director '		<u></u>	
■ President		□President		<u>.</u>	
□Vice President		□Vice President		·	· .
☐ Secretary	□Treasurer	□Secretary		□Treasure	,
□Other	□Other	□Other		□Other	. <u> </u>
□ Chairman	Name:	□Chairman	Name:		
□ Vice Chairman	Address:	□Vice Chairman	Address:		··-
□Director		Director			
□President	7-318-244	□President	-		
□Vice President	***	□Vice President			
⊡Secretary	□Treasurer	□ Secretary .		□Treasurer	
☐Other	□Other	□Other		Other	
□Chairman	Name:	□ Chairman	Name:		~
□Vice Chairman	Address:	□Vice Chairman			-,
Director		□Director			·
□President		□President			
□Vice President		□ Vice President			<u></u>
☐ Secretary	☐ Treasurer	☐ Secretary		□Treasurer	D N
□Other	Other	□Other		□Other	
individuals may be	ise an attachment to report more than six (6). The added to the index when filing your Floridation	Incit of State Annual Rep	for reporting port form.	ourposes only, N	on-indexed
	Signature of Dire	yor or Officer		···	and that he or

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "INTROMEDIC AMERICA, 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-FOURTH DAY OF NOVEMBER, A.D.

2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INTROMEDIC AMERICA, INC." WAS INCORPORATED ON THE TENTH DAY OF MARCH, A.D. 2020.

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

1.79 -1 1 6. .



Authentication: 204161007

Date: 11-24-20

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