F2000005686

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300356541583



New Corp. 12/21/20



COVER LETTER

TO:	Registration Section Division of Corporations			
SURI	ECT: Micron Medical Corporation	1		
.,01,0		of corporation - m	ust include suffix	
Dear S	ir or Madam:			
"Certif	closed "Application by Foreign C icate of Existence," or "Certificate referenced foreign corporation to t	e of Good Standing	and check are subj	
Please	return all correspondence concern	ing this matter to t	he following:	
Sherri (Costa			
		Name of Pers	on	
Micron	Medical Corporation			
		Firm/Compan	y	
606 Ba	nyan Trail			
		Address		
Boca R	laton, FL 33431			
		City/State and Z	ip code	
sherri@	micronmed.com	4.1		
	E-mail addres	s: (to be used for f	uture annual report n	otification)
For fur	ther information concerning this r	natter, please call:		
Sherri (Name of Person Area Code Daytime Telephone Number			
	Name of Person	Area Code	Daytime Telepl	none 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	
Please r	ed is a check for the following am make check payable to: FLORIDA D .00 Filing Fee	EPARTMENT OF 1g Fee & 57	STATE 8.75 Filing Fee & crtified Copy	S87.50 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.

		dopted for the purpose of transactii			
Oelaware 3. 84-4961332 (State or country under the law of which it is incorporated) (FEI number, if applicable variations)					
(State or countr	y under the law of which it is incorporated)	(FEI number, if ap	oplicable)		
03/03/2020	_				
(Date	of incorporation)	5. (Date of duration, if other than perpetual)			
03/09/2020, Do	cument No. P20000022479 formed as Florida C	orp in error on 03/09/2020.			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		ity)		
506 Banyan Trail	Boca Raton, FL 33431	, ,	•		
•		estreet address)			
	(Current mailing	address, if different)			
	(Current mailing	address, if different)	···		
Name and <u>stree</u>	(Current mailing t address of Florida registered agent: (P.O.				
	•				
Name:	t address of Florida registered agent: (P.O. Gilbert Bao		2021		
Name:	t address of Florida registered agent: (P.O.		2020 OE		
Name:	t address of Florida registered agent: (P.O. Gilbert Bao	Box NOT acceptable)	ZOZO DEC 1		
	t address of Florida registered agent: (P.O. Gilbert Bao 1521 Alton Road, Suite 417	Box <u>NOT</u> acceptable)	2020 DEC 18		
Name: fice Address:	t address of Florida registered agent: (P.O. Gilbert Bao 1521 Alton Road, Suite 417 Miami Beach (City)	Box NOT acceptable) , Florida 33139	2020 DEC 16 A		
Name: fice Address: Registered ag:	t address of Florida registered agent: (P.O. Gilbert Bao 1521 Alton Road, Suite 417 Miami Beach (City)	Box NOT acceptable) , Florida 33139(Zip code)	, -		
Name: fice Address: Registered ag ving been nam	t address of Florida registered agent: (P.O. Gilbert Bao 1521 Alton Road, Suite 417 Miami Beach (City) ent's acceptance: ed as registered agent and to accept service	Box NOT acceptable)	d corporation at the		
Name: fice Address: Registered agiving been namignated in this ther agree to c	t address of Florida registered agent: (P.O. Gilbert Bao 1521 Alton Road, Suite 417 Miami Beach (City)	Box NOT acceptable) Florida 33139 (Zip code) e of process for the above state, ent as registered agent and agrative to the proper and comple	d corporation at the ee to act in thi s cap		

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.

A. DIRECTORS				
□Chairman	Name:	□Chairman	Name: Mich	nael Perryman
□Vice Chairman	Address: 1521 Alton Road, Ste 417 Miami l	□Vice Chairman	Address:	521 Alton Road, Ste 417 Miami
■Director		■Director		
□President		□President		
□Vice President		□Vice President		
Secretary	Treasurer	☐ Secretary		Treasurer
□Other		□Other	_	[]Other
□Chairman	Name:	□Chairman	Name:	
□ Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		☐Treasurer
□Other	Other	□Other		□Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	Other	□Other		□Other
Important Notice: individuals may be	Use an attachment to report more than six (6). The at added to the index when filing your Florida Departr Signature of Director	nent of State Annual Re	eport form.	
	ctor signing this document (and who is listed in numbers information submitted in a document to the Department of the De	ber 11 above) affirms th		
13	(Typed or printed name and capacity of per	rson signing application	ector 1	

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MICRON MEDICAL CORPORATION" 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 SIXTEENTH DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MICRON MEDICAL CORPORATION" WAS INCORPORATED ON THE THIRD DAY OF MARCH, A.D. 2020.

at corp delaware gov/auth

Authentication: 202305085

Date: 01-16-21