

F210000000028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

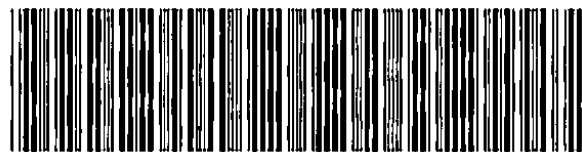
Certified Copies _____

Certificates of Status _____

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2021 JAN -4 AM 10:45
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K Brumbley

2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Business Name & Document Number, (if known):

1. MedTap Technology, Inc.
Name Document Number (if known)

☒ Walk in ☐ Will wait

☐ Certified Copy of the Articles of Organization
☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☒ INC
☐ OTHER

AMENDMENTS

☐ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Conversion
☐ Merger

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name
☐ Statement of Authority
☐ APOSTIL ()

COUNTRY

REGISTRATION/QUALIFICATIONS

☒ Foreign Filing
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MedTap Technology, 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:

Derek Davis, SR.

Name of Person

MedTap Technology, INC.

Firm/Company

501 E. LAS OLAS Blvd Ste: 300

Address

Ft. Lauderdale, FLA 33301

City/State and Zip code

ddavis5star@gmail.com

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

For further information concerning this matter, please call:

Derek Davis, SR at (202) 751-0726
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

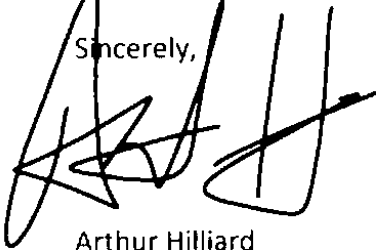
12-30-2020

Derek Davis, Sr. or who it may concern:

Ref: P19000094615 Florida Corporation MedTap Technologies, Inc.

I, Arthur Hilliard as an officer of the company give you Derek Davis, Sr. permission to use MedTap Technologies and to use MedTap Technology, we are not using MedTap Technologies and will be closing the company and will not use this name anymore.

Sincerely,

A handwritten signature in black ink, appearing to be 'Arthur Hilliard', written over the word 'Sincerely,'.

Arthur Hilliard

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. MedTap Technology, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

N/A
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. State of Delaware 3. 85-4338204
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12-18-2020 5. 12-18-2021
(Date of incorporation) (Date of duration, if other than perpetual)

6. 12-28-2020
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 501 E. LAS OLAS BLVD Ste: 300 FT. LAUDERDALE
(Principal office street address)

501 E. LAS OLAS BLVD Ste: 300 Ft. Lauderdale.
(Current mailing address, if different)

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

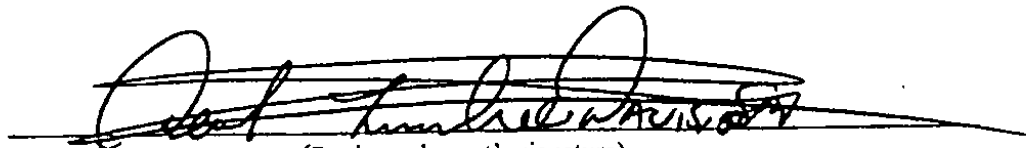
Name: Derek Davis, SR.

Office Address: 501 E. Las Olas Blvd Ste 300
Ft. Lauderdale, Florida 33301
(City) (Zip code)

FILED
2021 JAN -4 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 duty 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: Derek Davis, SR
☐ Vice Chairman Address: 501 E. LAS OLAS BLVD
☒ Director Ste 300
☐ President Ft. Lauderdale, FL 33301
☐ Vice President _____

☒ Secretary ☐ Treasurer
☒ Other Chairman of Board ☐ Other _____

☐ Chairman Name: Brandon Hambrick
☐ Vice Chairman Address: 501 E. LAS OLAS BLVD
☒ Director Ste: 300
☐ President Ft. Lauderdale, FL 33301
☒ Vice President _____

☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

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

☐ Chairman Name: James Town
☒ Vice Chairman Address: 501 E. LAS OLAS BLVD
☒ Director Ste 300
☐ President Ft. Lauderdale, FL
☐ Vice President _____

☐ Secretary ☐ Treasurer
☒ Other President of EOD & COO ☐ Other _____

☐ Chairman Name: Charles Sneed
☐ Vice Chairman Address: 501 E. LAS OLAS BLVD
☒ Director Ste 200
☐ President Ft. Lauderdale 3
☒ Vice President Charles Sneed

☐ Secretary ☐ Treasurer
☐ Other N/A ☐ Other N/A

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director N/A
☐ President N/A
☐ 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-individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. [Signature]
 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 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. Derek Davis, SR.
 (Typed or printed name and capacity of person signing application)

Delaware

The First State

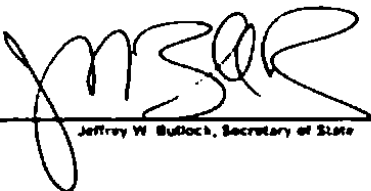
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDTAP TECHNOLOGY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDTAP TECHNOLOGY, INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF DECEMBER, A.D. 2020.

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




Jeffrey W. Bullock, Secretary of State

4495991 8300

SR# 20208771612

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

Authentication: 204427043

Date: 12-28-20