

Fa100000/919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

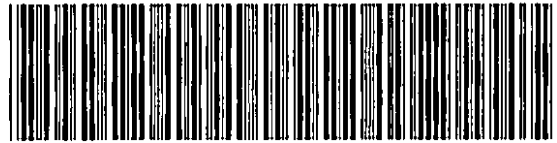
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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21 MAR 18 AM 8:36  
CLERK OF STATE  
TALLAHASSEE, FLORIDA  
MAR 0 - 2021



## **SERVICE EXTRAORDINAIRE**

P.O. Box 390 ♦ CLIFTON PARK, NY 12065 ♦ PHONE-518-935-7675 ♦ FAX-518-233-0581

March 17, 2021

### **VIA OVERNIGHT DELIVERY**

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

Re: Application by Foreign Corporation for Authorization to  
Transact Business in Florida for **Novantas, Inc.**  
My File No.: 08-2037

Dear Sir/Madam:

Enclosed for filing with your office please find the Application by Foreign Corporation for Authorization to Transact Business in Florida for Novantas, Inc., a foreign Florida corporation. Also, enclosed is a Certificate of Good Standing from the Delaware Secretary of State, the original state of jurisdiction for this corporation, which was formed on April 19, 2002.

Further, I am also enclosing a check in the amount of \$78.75 for the filing fee for said Foreign Corporation Application and a certified copy thereof.

Please send me the original filing receipt and certified copy of the Registration to Transact Business in Florida as soon as possible in the self-addressed, pre-paid Federal Express envelope which is enclosed for your convenience.

Thank you for your courtesies and cooperation in this matter. Should you have any questions, please do not hesitate to contact me at (518) 935-7675.

Very truly yours,

Kristen Galarneau

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Novantas, 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:

Kristen Galameau  
Name of Person  
Service Extraordinaire LLC  
Firm/Company  
P.O. Box 390  
Address  
Clifton Park, NY 12065  
City/State and Zip code  
mypadoto@novantas.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristen Galameau at ( 518 ) 935-7675  
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.*

1. Novantas, 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)

2. Delaware 3. 37-1715000  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 19, 2002 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. March 31, 2017  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 485 Lexington Avenue, 20th Floor, New York, NY 10017  
(Principal office street address)

\_\_\_\_\_  
(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(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.*

Amy Mellingner, M.A. Asst. V.P.  
(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: David Kaytes  
☐ Vice Chairman Address: 485 Lexington Ave.  
☒ Director New York, NY 10017  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Richard Spitzer  
☐ Vice Chairman Address: 485 Lexington Ave.  
☒ Director New York, NY 10017  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☒ Secretary \_\_\_\_\_ ☒ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Wayne Cutler  
☐ Vice Chairman Address: 485 Lexington Ave.  
☒ Director New York, NY 10017  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Darryl Demos  
☐ Vice Chairman Address: 485 Lexington Ave.  
☒ Director New York, NY 10017  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Sherief Meleis  
☐ Vice Chairman Address: 485 Lexington Ave.  
☒ Director New York, NY 10017  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Kevin Travis  
☐ Vice Chairman Address: 485 Lexington Ave.  
☒ Director New York, NY 10017  
☐ 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 individuals may be added to the index when filing your Florida Department of State Annual Report form.

12.  \_\_\_\_\_  
 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. David Kaytes, President  
 (Typed or printed name and capacity of person signing application)

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "NOVANTAS, 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 FEBRUARY, A.D. 2021.



3516361 8300

SR# 20210614191

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202586502

Date: 02-24-21