

F21000005264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

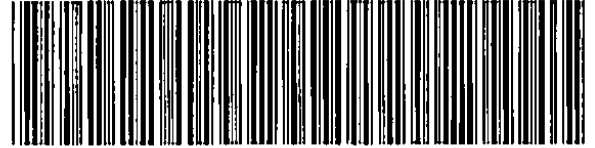
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2021 SEP 13 AM 8:29
CLERK OF COURT
CLERK OF COURT

SEP 14 2021

M. SOLOMON

COVER LETTER

11:51:10

TO: Registration Section
Division of Corporations

21 SEP 13 PM 12:38

SUBJECT: Empyrean Medical Systems, 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:

Kalman Fishman

Name of Person

Empyrean Medical Systems, Inc.

Firm/Company

950 Peninsula Corporate Circle #2016

Address

Boca Raton, FL 33487

City/State and Zip code

liran@empyreanmed.com

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

For further information concerning this matter, please call:

Kalman Fishman

at (423) 404-4891

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 TO REGISTER TO TRANSACT BUSINESS IN FLORIDA

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. Empyrean Medical Systems, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. Delaware 3. 84-4137316
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/02/2020 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 950 Peninsula Corporate Circle #2016, Boca Raton, FL. 33487
(Principal office street address)
950 Peninsula Corporate Circle #2016, Boca Raton, FL. 33487
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Liran Marelli
Office Address: 950 Peninsula Corporate Circle #2016
Boca Raton, Florida 33487
(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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity, 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.

(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]:

☒ Chairman Name: Kalman Fishman
☐ Vice Chairman Address: 950 Peninsula Corporate Circle #206
Boca Raton, FL. 33487
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Jack Ziffer
☐ Vice Chairman Address: 950 Peninsula Corporate Circle 2016
Boca Raton, FL. 33487
☒ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Sue Wallace
☐ Vice Chairman Address: 950 Peninsula Corporate Circle 2016
Boca Raton, FL. 33487
☒ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Thomas Buchholz
☐ Vice Chairman Address: 950 Peninsula Corporate Ci
Boca Raton, FL. 33487
☒ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: L. Peter Smith
☐ Vice Chairman Address: 950 Peninsula Corporate Ci
Boca Raton, FL. 33487
☒ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Kerwin Brandt
☐ Vice Chairman Address: 950 Peninsula Corporate Ci
Boca Raton, FL. 33487
☒ 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 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 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. Kalman Fishman - President & Chairman of the Board
(Typed or printed name and capacity of person signing application)

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "EMPYREAN MEDICAL SYSTEMS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE SECOND DAY OF JANUARY, A.D. 2020, AT 4:10 O'CLOCK P.M.

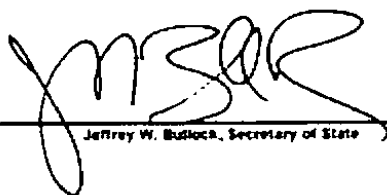
CERTIFICATE OF AMENDMENT, FILED THE FIRST DAY OF MARCH, A.D. 2021, AT 4:44 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION, "EMPYREAN MEDICAL SYSTEMS, INC.".

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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




Jeffrey W. Bullock, Secretary of State

7780140 8310

SR# 20211365079

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

Authentication: 203272090

Date: 05-24-21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 1, 2021

KALMAN FISHMAN
EMPYREAN MEDICAL SYSTEMS, INC.
950 PENINSULA CORPORATE CIRCLE #2016
BOCA RATON, FL 33487

SUBJECT: EMPYREAN MEDICAL SYSTEMS, INC.
Ref. Number: W21000094889

We have received your document for EMPYREAN MEDICAL SYSTEMS, INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 721A00015089

*Rec'd
a-13-21*