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Electronic Filing Menu

Estimated Charge

Corporate Filing Menu

Help

\$78.75

S. ROBERTS FEB 1 8 2022

From: Kaity Toon

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.

(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Onte of incorporation) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) I TW ALEXANDER DR STE 160, DURHAM, NC - 27703 (Principal office address) (Current mailing address, if different) Name: C T Corporation System C T Corporation System C T Corporation System C T Corporation System (City) (Corporation at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this steep appointment as registered agent and agree to act in this steep appointment as registered agent and agree to act in this steep appointment as registered agent and agree to act in this steep agent and agree agent and agree act in this steep age	(If name unavaila	ble in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in F	lorida)
(Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (Principal office to determine penalty liability) (Principal office address) (Principal office address) (Current mailing address, if different) (Current mailing address)	DE	-		
(Date of incorporation) (Date of duration, if other than perpetual) (Date of incorporation) (Date of duration, if other than perpetual) (Date of duration, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1 TW ALEXANDER DR STE 160, DURHAM, NC - 27703 (Principal office address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 1200 South Pinc Island Road Plantation, (City) (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at esignated in this application, I hereby accept the appointment as registered agent and agree to act in this application, I hereby accept the appointment as registered agent and agree to act in this	(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1 TW ALEXANDER DR STE 160, DURHAM, NC - 27703 (Principal office address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation System Corporation S	07/12/2006	5.		
(Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 1200 South Pine Island Road	(Date	of incorporation)	(Date of duration, if other than perpetual)	 ,
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(Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 1200 South Pine Island Road		(Date first transacted business in F	lorida, if prior to registration) 2. F.S., to determine penalty liability)	
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ffice Address: Plantation, Florida				_
Plantation, Florida (City) Registered agent's acceptance: Taving been named as registered agent and to accept service of process for the above stated corporation at esignated in this application, I hereby accept the appointment as registered agent and agree to act in this		(Current mailing	address, if different)	225
ffice Address: Plantation, Florida 33324 (Zip code)		(Current mailing	<u>ا - آ</u>	12 FEB
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	Name: ffice Address: Registered age	Laddress of Florida registered agent: (P.O. C T Corporation System 1200 South Pinc Island Road Plantation, (City) ent's acceptance: ed as registered agent and to accept services	Box NOT acceptable) 33324 , Florida (Zip code) 25 77 77 77 77 77 77 77 77 77	8: 4
rther agree to comply with the provisions of all statutes relative to the proper and complete performance ties, and I am familiar with and accept the obligations of my position as registered agent.	Name: ffice Address: Registered age aving been names ignated in this	Laddress of Florida registered agent: (P.O. C T Corporation System 1200 South Pinc Island Road Plantation, (City) ent's acceptance: ed as registered agent and to accept services application, I hereby accept the appointment	Box NOT acceptable) 33324 777 (Zip code) 2 of process for the above stated corporation at registered agent and agree to act in the	ant the place
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C T Corporation System - Peter Trawinski, Assistant Sec	Name: ffice Address: Registered age aving been names ignated in this orther agree to co	Laddress of Florida registered agent: (P.O. C T Corporation System 1200 South Pine Island Road Plantation, (City) ent's acceptance: ed as registered agent and to accept service, application, I hereby accept the appointment of the provisions of all statutes religible amiliar with and accept the obligations of the appointment of the provisions of the obligations of the applications of the appointment of the provisions of the obligations of the appointment of the provisions of the appointment of the provisions of the appointment of the ap	Box NOT acceptable) 33324 , Florida (Zip code) 2 of process for the above stated corporation at as registered agent and agree to act in the lative to the proper and complete performancy position as registered agent.	ant the place

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. Nam	es and business addresses of officers and/or directors:	
A. DIRE	ECTORS	
Chairman:	:	
Address:		
-		
Vice Chair	rman:	
Address:		
_		
Director:	Anthony Fernando	
Address:	1 TW ALEXANDER DR STE 160, DURHAM, NC - 27703	
Director:		
Address:		
B. OFF	ICERS	
President:	Anthony Fernando	, . <u></u> .
Address:	1 TW ALEXANDER DR STE 160, DURHAM, NC - 27703	Ş
		<u>,,</u>
Vice Presi	Kathleen Frost	
	1 TW ALEXANDER DR STE 160, DURHAM, NC - 27703	
Secretary:	Joshua Weingard	{{
Address:	1 TW ALEXANDER DR STE 160, DURHAM, NC - 27703	.
Treasurer	Shameze Rampertab	
	I TW ALEXANDER DR STE 160, DURHAM, NC - 27703	
	If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
	War gas	
The office	Signature of Director or Officer cer or director signing this document (and who is listed in number 11 above) affirms that the facts stated he and that he or she is aware that false information submitted in a document to the Department of State constituency as provided for in s.817.155, F.S.	rein tutes

(Typed or printed name and capacity of person signing application)

13. Joshua Weingard, Secretary

Delaware The First State

Page 1

From: Kaity Toon

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

DELAWARE, DO HEREBY CERTIFY "ASENSUS SURGICAL US, 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 SEVENTEENTH DAY OF FEBRUARY, A.D.

2022.

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.

vare gov/authv

Authentication: 202697209

Date: 02-17-22