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TALLAHASSEE, FLORIDA

S. FRANKLIN
MAY 26 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLACK LIGHT SURGICAL 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:

Corina Spiridon

Name of Person
Firm/Company
Address
City/State and Zip code
Black Light Surgical Inc
323 Sunny Isles Blvd 7th Floor, Unit 723
Sunny Isles Beach, FL 33160-4232
corina@clear-centers.com

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

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For further information concerning this matter, please call:

Name of Person	Area Code	Daytime Telephone Number
Corina Spiridon	310	701-2984

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**

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$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. Black Light Surgical 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. CA 3. 47-4305330
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/17/2015 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. 323 Sunny Isles Blvd 7th Floor, Unit 723 Sunny Isles Beach, FL 33160-4232
(Principal office street address)

(Current mailing address, if different)

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

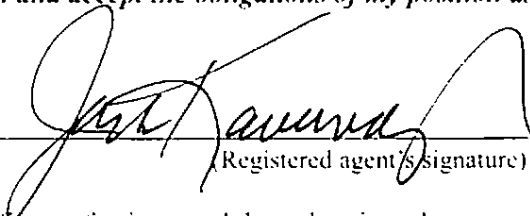
Name: Jack Kavanaugh

Office Address: 18501 Collins Ave Unit 4703

Sunny Isles Beach, Florida 33160
(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.


(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]:

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TALLAHASSEE, FLORIDA

A. DIRECTORS

☐ Chairman Name: Jack Kavanaugh
☐ Vice Chairman Address: 323 Sunny Isles Blvd 7th Floor
☐ Director Unit 723
☐ President Sunny Isles Beach, FL 33160-4232
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other Co-Chairman ☐ Other _____

☐ Chairman Name: Dr. Keith Black
☐ Vice Chairman Address: 323 Sunny Isles Blvd 7th Floor
☐ Director Unit 723
☐ President Sunny Isles Beach, FL 33160-4232
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other Co-Chairman ☐ Other _____

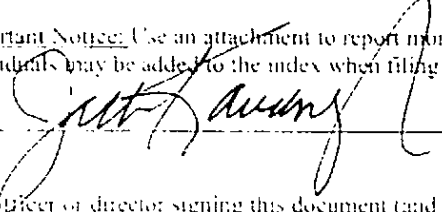
☐ Chairman Name: Robert Snukal
☐ Vice Chairman Address: 49584 Hidden Valley Trail
☒ Director Indial Wells, CA 92210
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Verne Sharma
☐ Vice Chairman Address: 323 Sunny Isles Blvd 7th Floor
☒ Director Unit 723
☐ President Sunny Isles Beach, FL 33160-4232
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

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

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ 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 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 § 817.155, F.S.

13. JACK KAVANAUGH CO-CHAIRMAN
 (Typed or printed name and capacity of person signing application)

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 SEATTLE
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State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

BLACK LIGHT SURGICAL, INC.

FILE NUMBER: C3834097
REGISTRATION DATE: 10/13/2015
TYPE: FOREIGN CORPORATION
JURISDICTION: DELAWARE
STATUS: ACTIVE (GOOD STANDING)

I, SHIRLEY N. WEBER, PH.D. Secretary of State of the State of California hereby certify:

The entity is qualified to transact intrastate business in California.

This certificate relates to the status of the entity on the Secretary of State's records and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 25, 2022.

Shirley N. Weber, Ph.D.
Secretary of State