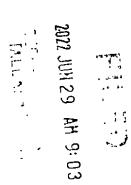
# F220000004082

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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SHOEWED

2022 JUN 29 AM 10: 50

ALLAMASSEE, FLA

S. ROBERTS JUN 2 9 2022

# Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 06/29/2022	_	<i>⇔WALK I</i> N
ENTITY NAME Quanta	Dialysis Technolog	
DOCUMENT NUMBER_		
	**PLEASE FILE 1	THE ATTACHED AND RETURN**
XXXXXXX	Plain Copy	
	Certified Copy	
	Certificate of Status	
	Certified Copy of Ar Certificate of Good S	
	**APOSTILLE'/	NOTARIAL CERTIFICATION**
COUNTRY OF DESTINA		
NUMBER OF CERTIFICA	TES REQUESTEU	
TOTAL OWED \$70		ACCOUNT #: I20160000072
		S. 87/10
Planer wall Tim at 1	the chair number for	r any issues or concerns. Thank you so much!

### **COVER LETTER**

	egistration Section vivision of Corporations			
SUBJEC	Quanta Dialysis Technologi	es Inc.		
30000	Name	of corporation - mu	st include suffix	
Dear Sir o	or Madam:			
"Certifica	sed "Application by Foreign C te of Existence," or "Certificate crenced foreign corporation to	e of Good Standing'	and check are subm	
Please ret	urn all correspondence concerr	ing this matter to th	e following:	
Sharon Ur	ban			
		Name of Perso	n	
Harbor Co	ompliance			
	<del> </del>	Firm/Company		
1830 Colo	mial Village Lane			
-		Address		
Laneaster,	PA 17601			
		City/State and Zi	p code	
profession	al@harborcompliance.com	10.6	1	
	E-mail addres	ss: (to be used for lu	ture annual report no	otification)
For furthe	er information concerning this r	natter, please call:		
Sharon Ur	ban	at () _	29-0387	
1	Name of Person		Daytime Teleph	one Number
R D T 2	TREET/COURIER ADDREST egistration Section Division of Corporations the Centre of Tallahassee 415 N. Monroe Street, Suite 81 Tallahassee, FL 32303		MAILING AE Registration Se Division of Cor P.O. Box 6327 Tallahassee, FI	ction rporations
Please mal	is a check for the following am se check payable to: FLORIDA T ) Filing Fee	DEPARTMENT OF $0$ ng Fee & $0$ \$78	STATE 3.75 Filing Fee & rtified Copy	☐ \$87.50 Filing Fee. Certificate of Status & Certified Copy

## COVER LETTER

TO:	_	ration Section on of Corpora						
SHRI	FCT.	Quanta Dialys	is Technologies	Inc.				
150150	ber.	·- <del>-</del>	Name o	f corporati	on - mu	st include suffix		_
Dear S	Sir or Ma	adam:						
"Certi	ficate of	Existence," c		of Good St	anding	and check are sub-	et Business in Florida," mitted to register the	
Please	return a	ill correspond	ence concernin	g this matt	er to th	e following:		
Sharoi	ı Urban							
				Name o	of Perso	on		
Harbo	r Compli	ance						
	<u></u>			Firm/Co	ompany			-
1830 C	Colonial '	Village Lane						
				Λd	iress			_
Lancas	ster, PA	17601						
	<del></del> -	-	<u>.</u>	City/State	and Zi	p code		_
protes	sional@l	narborcomplian						_
		F.	E-mail address:	(to be use	d for fu	ture annual report n	notification)	
For fu	rther inf	ormation con-	cerning this ma	itter, pleas	call:			
Sharor	ı Urban			717 at (	) 2	29-0387 Daytime Telepl		
	Name	of Person		Area C	ode .	Daytime Telepl	hone Number	
	Regist Divisi The C 2415	ration Section on of Corpora entre of Talla	itions hassee reet, Suite 810	: :		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	
Please	sed is a o make ch 0.00 Fili	eck payable to:	following amor FLORIDA DE \$78.75 Filing Certificate or	PARTME: Fee &	□ \$78	STATE 3.75 Filing Fee & rtified Copy	☐ \$87.50 Filing Fee, Certificate of Statu Certified Copy	s 8

# 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.

		<del></del>	
	orporation; must include "INCORPORATED," orp," "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATION;	
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting	business in Florida)
Delaware	3	86-1464920	
(State or countr	y under the law of which it is incorporated)	(FEI number, if appl	licable)
11/27/2019	5	Perpetual	
(Date	of incorporation)	(Date of duration, if other th	an perpetual)
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		·)
70 Cherry Hill D	(SEE SECTIONS 607.1501 & 607.150		()
70 Cherry Hill D	(SEE SECTIONS 607.1501 & 607.150 rive, Ste 205, Beverly, MA 01915  (Principal office)	02, F.S., to determine penalty liability	
70 Cherry Hill D	(SEE SECTIONS 607.1501 & 607.150 rive, Ste 205, Beverly, MA 01915  (Principal office)	02, F.S., to determine penalty liability re street address) g address, if different)	
7	(SEE SECTIONS 607.1501 & 607.150 rive, Ste 205, Beverly, MA 01915  (Principal offic  (Current mailing	02, F.S., to determine penalty liability re street address) g address, if different)	2022 JUN 29
70 Cherry Hill D  7  Name and stree  Name:	(SEE SECTIONS 607.1501 & 607.150 rive, Ste 205, Beverly, MA 01915  (Principal offic  (Current mailing gt address of Florida registered agent: (P.O.	02, F.S., to determine penalty liability re street address) g address, if different)	2022 JUN 29 AM
7 . Name and street	(SEE SECTIONS 607.1501 & 607.1501 rive, Ste 205, Beverly, MA 01915  (Principal office)  (Current mailing)  et address of Florida registered agent: (P.O. Registered Agents Inc.  7901 4th St N STE 300	02, F.S., to determine penalty liability re street address) g address, if different)	2022 JUN 29

#### 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 Agents Inc.
Bill Havre - Assistant Secretary

(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.

#### A. DIRECTORS. George Maynard John E Milad □ Chairman Name: □ Chairman 70 Cherry Hill Drive Ste 205 70 Cherry Hill Drive, Ste 205 □ Vice Chairman ☐ Vice Chairman Address: Address: \_ Beverly, MA 01915 Beverly, MA 01915 Director Director President □President ☐ Vice President □ Vice President ☐Treasurer ■ Secretary ☐ Treasurer □ Secretary □Other \_\_\_\_\_ □Other\_\_\_\_\_ □Other \_\_\_\_\_ □Other\_\_\_\_\_ ☐ Chairman Name: □Chairman Name: \_\_\_\_ ☐ Vice Chairman Address: □Vice Chairman Address: □Director Director □President □President □Vice President \_\_\_\_\_ □ Vice President ☐Treasurer ☐ Treasurer []Secretary □ Secretary []Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other ∐Other \_\_\_\_\_ Name: Name: □ Chairman ☐ Chairman □Vice Chairman Address: □ Vice Chairman Address: □Director □ Director □President □President □ Vice President □Vice President \_ □ Treasurer □ Secretary □Treasurer □ Secretary □Other \_\_\_\_\_ □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. , Is George Maynard 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.

George Maynard, Secretary



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

DELAWARE, DO HEREBY CERTIFY "QUANTA DIALYSIS TECHNOLOGIES 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-SECOND DAY OF JUNE,

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 SAID "QUANTA DIALYSIS TECHNOLOGIES INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF NOVEMBER, A.D. 2019.

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

Authentication: 203740980

Date: 06-22-22