

F23000001384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

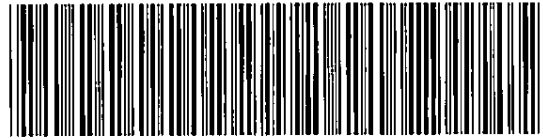
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W23000029821

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APPROVED
AND
FILED
2023 MAR -9 PM 3:42

MAR 09 2023

C. Brumley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 4, 2023

VIRGINIA BENNETT
351 SAINT MARY ST.
PLEASANTON, CA 94566

SUBJECT: MEDEA INC.
Ref. Number: W23000029821

We have received your document for MEDEA INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott
Supervisor

Letter Number: 723A00005106

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medea 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:

Virginia Bennett

Name of Person

Medea Inc.

Firm/Company

351 Saint Mary St.

Address

Pleasanton, CA 94566

City/State and Zip code

moliver@medeamp.com

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

For further information concerning this matter, please call:

Melanie Oliver

at (925) 425-9282

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. Medea Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- Medea Medical Products Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 46-5092288
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 3/12/14 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. We haven't transacted business in Florida yet.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 351 Saint Mary St. Pleasanton, CA 94566
(Principal office street address)

(Current mailing address, if different)

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

Name: Registered Agents Inc
Office Address: 7901 4th St. N, STE 300
St. Petersburg, Florida 33702
(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.

David Roberts

(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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AND
FILED

A. DIRECTORS

☒ Chairman Name: Brandon Laidlaw
☐ Vice Chairman Address: 351 Saint Mary St.
Pleasanton, CA 94566
☐ Director
☒ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name: Michael Laidlaw
☐ Vice Chairman Address: 351 Saint Mary St.
Pleasanton, CA 94566
☐ Director
☐ President
☒ Vice President
☒ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name: Virginia Bennett
☐ Vice Chairman Address: 351 Saint Mary St.
Pleasanton, CA 94566
☐ Director
☐ President
☐ Vice President
☐ Secretary ☒ Treasurer
☐ Other ☐ Other

☐ Chairman Name: Jesse Jeemen
☐ Vice Chairman Address: 351 Saint Mary St.
Pleasanton, CA 94566
☐ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☒ Other COO ☐ Other

☐ Chairman Name: Tyson Gomez
☐ Vice Chairman Address: 351 Saint Mary St.
Pleasanton, CA 94566
☐ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☒ Other CCO ☐ 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 s.817.155, F.S.

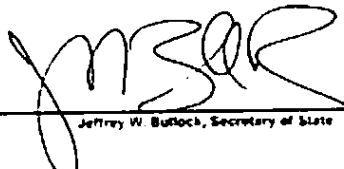
13. Virginia Bennett Treasurer / Chief Admin Officer
(Typed or printed name and capacity of person signing application)

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MEDEA 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-THIRD DAY OF JANUARY, A.D. 2023.



Jeffrey W. Bullock, Secretary of State

5497487 8300

SR# 20230222388

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

Authentication: 202551590

Date: 01-23-23