## F23000/507

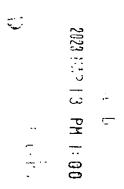
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of 3	Status
Special Instructions to Filing Officer	
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## **COVER LETTER**

TO:	Registration Section Division of Corpo			
SUBJ	ECT: Nanovibroni	x Inc		
2020		Name of corporation	on - must include suffix	
Dear S	Sir or Madam:			
"Certif	ficate of Existence."	by Foreign Corporation for or "Certificate of Good State orporation to transact busin	anding" and check are sub	
Please	return all correspon	dence concerning this matt	er to the following:	
Lindse	y Harrison			
		Name o	of Person	
Nanov	ibronix, Inc			
		Firm/Co	mpany	
969 Pr	uitt Place			
		Ado	Iress	
Tyler,	TX 75703			
		City/State	and Zip code	
lharris	on@nanovibronix.com			
	-	E-mail address: (to be used	I for future annual report r	notification)
For fu	rther information co	ncerning this matter, please	call:	
Lindse	y Harrison	at ( 903-920	-99 <u>(</u> )	
	Name of Person	Area Co	de Daytime Telep	hone Number
	STREET/COUR Registration Section Division of Corpo The Centre of Tall 2415 N. Monroe Stallahassee, FL 3	on rations lahassee itreet, Suite 810	MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	section orporations 7
Please		e following amount: b: FLORIDA DEPARTMEN  ■ \$78.75 Filing Fee & Certificate of Status	FT OF STATE  ☐ \$78.75 Filing Fee & Certified Copy	S87.50 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.

(If name unavail	able in Florida, enter alternate corporate na		g business in Florida)
Delaware		3	
	y under the law of which it is incorporated)	·	plicable)
October 20, 200	of incorporation)	5. (Date of duration, if other	
(Date	of incorporation)	(Date of duration, if other	than perpetual)
01-01-2021			
		ss in Florida, if prior to registration) 07.1502, F.S., to determine penalty liabili	ly)
525 Executive Bl	lvd, Elmsford NY 10523		
		office street address)	
969 Pruitt Place,	Tyler, TX 75703	· · · · · · · · · · · · · · · · · · ·	
	·	ailing address, if different)	<b>3</b>
			73 - F.
Name and stree	et address of Florida registered agent: (	(P.O. Box <u>NOT</u> acceptable)	2023 F. 1.3. 1.3
Name:	Steve Brown		
raine,	5155 Europa Dr Unit H		PP
fice Address:	5155 Curopa Di Oni ii	<del></del>	
	Boynton Beach	, Florida	0.0
	(City)	(Zip code)	-

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	Steve Brown		Steve Brown
□Chairman	Name:	□Chairman	Name:
	Address:	□Vice Chairman	Address:
Director	Lindsey Harrison	□Director	
	Brian Murphy	□President	
	Steve Brown	□Vice President	
☐ Secretary	Treasurer	□Secretary	Treasurer
□Other	Other	□Other	□Other
□Chairman	Name:	□Chairman	Name:
∐Vice Chairman	Address:	□Vice Chairman	Address:
□Director _		□Director	
☐President _		□President	
□Vice President		□Vice President	
☐Secretary	□Treasurer	ElSecretary	Treasurer
Other	□Other	□Other	Other
□Chainnan	Name:	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director _		□Director	
□President		□President	
□Vice President		□Vice President	
☐Secretary	□Treasurer	Secretary	□Treasurer
□Other		□Other	□Other
individuals may be	se an attachment to report more than six (6). The attachded to the index when filing your Florida Department Stephen Brown  Stephen Boantian 11, 2013 10 52 65	nt of State Annual R	
□OtherUmportant Notice: Uindividuals may be a	□Otherse an attachment to report more than six (6). The attachded to the index when filing your Florida Departme	□Other chment will be image nt of State Annual R	□Othered for reporting purposes only. Non-indeceport form.

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.

Stephen Brown, CFO, VP

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "NANOVIBRONIX, 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 FOURTEENTH DAY OF NOVEMBER, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NANOVIBRONIX, INC." WAS INCORPORATED ON THE TWENTIETH DAY OF OCTOBER, A.D. 2003.

Authentication: 204849111

Date: 11-14-22

3717355 8300 SR# 20224009986