

F23000005485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2023 SEP 25 PM 6:04

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2023 SEP 25 PM 2:38

OFFICE OF THE CLERK
STATE OF FLORIDA

SEP 25 2023

K. Brumley

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 014729 4302407

AUTHORIZATION :

COST LIMIT :

Signature
\$70.00

ORDER DATE : September 22, 2023

ORDER TIME : 1:59 PM

ORDER NO. : 014729-005

CUSTOMER NO: 4302407

FOREIGN FILINGS

NAME: INOVUS MEDICAL INC.

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INOVUS MEDICAL 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:

John V. Vincenti, Esq.

Name of Person

Vincenti & Vincenti, P.C.

Firm/Company

61 Broadway, Suite 1020

Address

New York, NY 10006

City/State and Zip code

john.vincenti@vincenti.com

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

For further information concerning this matter, please call:

John V. Vincenti, Esq.

at (212) 509-4600

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**

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input 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. INOVUS MEDICAL 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. Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. August 29, 2023 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. September 21, 2023
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. Inovus Medical Inc, c/o Vincenti & Vincenti, P.C., 61 Broadway, Suite 1020, New York, NY 10006
(Principal office street address)

(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

APPROVED
AND
FILED
2023 SEP 25 PM 6:04
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
THE COUNTY OF FLORIDA

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.

Corporation Service Company

By: [Signature]
(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]:

A. DIRECTORS

☐Chairman

Name: Elliot Street

☐Vice Chairman

Address: Apartment 1214

☒Director

XQ7 Building

☒President

Taylorson Street South, Salford

☐Vice President

M5 3FY United Kingdom

☒Secretary

☐Treasurer

☐Other

☐Other

☐Chairman

Name: Jordan Van Flute

☐Vice Chairman

Address: 3 Orchid Close

☒Director

Upholland

☐President

WN8 0BN United Kingdom

☒Vice President

☐Secretary

☒Treasurer

☐Other

☐Other

☐Chairman

Name: Glenn Cooper

☐Vice Chairman

Address: Parkside Farm

☒Director

Parkside Road, Winwick, Cheshire

☐President

England

☐Vice President

WA2 85T United Kingdom

☐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

☐Chairman

Name: _____

☐Vice Chairman

Address: _____

☐Director

☐President

☐Vice President

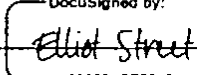
☐Secretary

☐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.

DocuSigned by:

A1680834CF68451

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. Elliot Street, President

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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INOVUS MEDICAL 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-FIFTH DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INOVUS MEDICAL INC" WAS INCORPORATED ON THE TWENTY-NINTH DAY OF AUGUST, A.D. 2023.

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

7646287 8300

SR# 20233569949

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

Authentication: 204233222

Date: 09-25-23