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COVER LETTER

	ration Section on of Corporations			
	Hyhte Holdings Inc. d/b/a Astr	ura Medical		
SUBJECT.	Name o	f corporation - n	nust include suffix	
Dear Sir or Ma	adam:			
"Certificate of	'Application by Foreign Con 'Existence,' or "Certificate ed foreign corporation to tra	of Good Standin	g" and check are submitte	siness in Florida," d to register the
Please return a	ill correspondence concernir	ng this matter to	the following:	
Parker Kelch				
		Name of Per	son	
Hyhte Holdings	Inc. d/b/a Astura Medical			
		Firm/Compar	ıy	· · · · · · · · · · · · · · · · · · ·
4949 W Royal	Ln			
	· · · · ·	Address		
Irving, TX, 750	063			
		City/State and	Zip code	
quality@astura				
	E-mail address	(to be used for	future annual report notifi	cation)
For further inf	ormation concerning this m	atter, please call		
Parker Kelch		469 at ()	Area Code) 501-5530 x503 Daytime Telephone Number	
Name	e of Person	Area Code	Daytime Telephone	Number
Regis Divisi The C 2415	EET/COURIER ADDRESS tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303		MAILING ADDR Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 33	n ations
Enclosed is a Please make ch	check for the following amo eck payable to: FLORIDA DE ng Fee	EPARTMENT OF $g Fee \& \square S$		\$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. Hyhte Holdings			<u> </u>	
	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"		
(If name unavaile	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Flori	 ida)	
2. DE		47-1881477		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
4. 9/9/2014	5.			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
6				
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
, 4949 W Royal Ln	i. Irving. TX 75063	, ,		
<i>t</i>		ice street address)		
				
	(Current mailir	ng address, if different)	18 73	
8 Name and street	et address of Florida registered agent: (P.C	Roy NOT accentable)	ec T	
	CAPITOL CORPORATE SERVICES, INC	Ext 45	9	
Name:			E [19]	
Office Address:	515 EAST PARK AVENUE 2ND FL	<u>—</u>		
	TALLAHASSEE	, Florida	M 5	
	(City)	(Zip code)	.	
designated in this	ed as registered agent and to accept serve application, I hereby accept the appoint	ice of process for the above stated corporation at ment as registered agent and agree to act in this c relative to the proper and complete performance o	capacity. I	
	with and accept the obligations of my po			

(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.

Brian Radecki, Assistant Secretary, on behalf of Capitol Corporate Services, Inc.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

 $(\mathbf{v}_{i,k}) = (\mathbf{d}_i(\mathbf{v}_{i,k}), \dots, \mathbf{d}_i(\mathbf{v}_{i,k}), \dots, \mathbf{d}_i(\mathbf{v}_{i,k}))$

A. DIRECTORS						
□Chairman	Name:	□ Chairman	Name: Thomas Purcell			
□Vice Chairman	Address: 4949 W Royal Lane	□Vice Chairman	Address: 4949 W Royal Lane			
□Director	Irving. TX 75063	□Director	Irving, TX 75063			
President		□President				
□Vice President		■Vice President				
Secretary	☐ Treasurer	☐ Secretary	Treasurer			
Other	Other	Other	Other			
□Chairman	Name:	□Chairman	Malik Ahmad Name:			
□ Vice Chairman	4949 West Roval Lane	□Vice Chairman	4949 West Royal Lane,			
□ Director	Irving, TX 75063	□ Director	Irving, TX 75063			
□President		□President				
□Vice President		□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	Secretary	☐ Treasurer			
Other	□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 thing your Florida Department of State Annual Report form.						
12.	Signature of Director o	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.						
(Typed or printed name and capacity of person signing application)						

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "HYHTE HOLDINGS, 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 FIFTEENTH DAY OF DECEMBER, A.D.

2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HYHTE HOLDINGS, INC." WAS INCORPORATED ON THE NINTH DAY OF SEPTEMBER, A.D. 2014.

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

a at corp delaware gov/aut

Authentication: 204831678

Date: 12-15-23