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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION Munstermed Inc.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
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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. | | | |
|---|---|--|------------------------------|
| (Enter name of "Inc.," "Co.," " | corporation; must include "INCORPORATED," Corp.," "Inc.," "Co," or "Corp.") | "COMPANY," "CORPORATI | ION," |
| (If name unava | lable in Florida, enter alternate corporate name a | idopted for the purpose of transac | cting business in Florida) |
| 2. IN | 3. | | |
| (State or coun | 3. try under the law of which it is incorporated) | (FEI number, if | applicable) |
| 4. 1/12/2023 | 5 | | |
| (Dat | e of incorporation) 5. | (Date of duration, if other | er than perpetual) |
| 6. | | | • • |
| | toate mst transacted business in | PIDEGA H DEIDE IO (CEISTEMION) | |
| 7. 7901 4th St N S | (SEE SECTIONS 607.1501 & 607.15 TE 300 St. Petersburg, FL 33702 | | oility) |
| , | (SEE SECTIONS 607.1501 & 607.15 TE 300 St. Petersburg, FL 33702 | Propida, if prior to registration) 02. F.S., to determine penalty liab | oility) |
| ' * <u> </u> | (SEE SECTIONS 607.1501 & 607.15 TE 300 St. Petersburg, FL 33702 (Principal office) TE 300 St. Petersburg, FL 33702 | 02, F.S., to determine penalty liab | |
| 7901 4th St N S | (SEE SECTIONS 607.1501 & 607.15 TE 300 St. Petersburg, FL 33702 (Principal office) TE 300 St. Petersburg, FL 33702 | 02. F.S., to determine penalty liable street address) g address, if different) | |
| 7901 4th St N S | (SEE SECTIONS 607.1501 & 607.15 TE 300 St. Petersburg, FL 33702 (Principal office) TE 300 St. Petersburg, FL 33702 (Current mailing) | 02. F.S., to determine penalty liable street address) g address, if different) | 2024 MAR -4 SECRETARY |
| 7901 4th St N S | (SEE SECTIONS 607.1501 & 607.15 TE 300 St. Petersburg, FL 33702 (Principal office) TE 300 St. Petersburg, FL 33702 (Current mailing) et address of Florida registered agent: (P.O. | 02. F.S., to determine penalty liable street address) g address, if different) | 2024 MAR -4 SECRETARY |
| 7901 4th St N S 8. Name and stree Name: | (SEE SECTIONS 607.1501 & 607.15 TE 300 St. Petersburg, FL 33702 (Principal office) TE 300 St. Petersburg, FL 33702 (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 liable street address) g address, if different) | 2024 MAR -4 P SECRETARY O |

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 Goberts | | |
|---------------|--------------------------------|--|
| | (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.

| 3/4/2024 | 10:46:40 | PST |
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| | |

Fax: 8134365206

| A. DIRECTORS | | | |
|--------------------------------------|---|-----------------------|---|
| □Chairman | Shah, Chintan Name: | □ Chairman | Name: Patel, Dixita |
| □Vice Chairman | Address: 7901 4th St N STE 300 | □ Vice Chairman | Address: 7901 4th St N STE 300 |
| ☑Director | St. Petersburg FL 33702 | L∠Director | St. Petersburg FL 33702 |
| ⊠ President | | ☐ President | |
| □Vice President | | □ Vice President | , |
| ☐ Secretary | ☑ Treasurer | ☑ Secretary | □Tœasurer |
| □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 |
| | | | |
| □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: Undividuals may be | lise an attachment to report more than six (6). The attac added to the index when filing your Florida Department Signature of Director or | nt of State Annual Re | f for reporting purposes only. Non-indexed port 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.

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I. DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

MUNSTERMED INC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on January 12, 2023, and was in existence or authorized to transact business in the State of Indiana on March 01, 2024.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, March 01, 2024

Diego Morales

DIEGO MORALES
SECRETARY OF STATE