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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

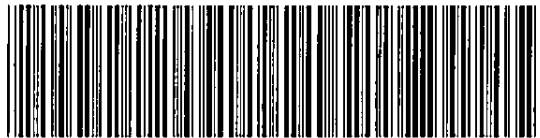
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ARTHRO MEDICAL CORP

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:

ISMAEL ULLUA

Name of Person

ARTHRO MEDICAL CORP

Firm/Company

P.O.BOX 66

Address

WASHINGTON, GA 30673

City/State and Zip code

SNAVARRO@BIOADVANCE.COM.MX

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

For further information concerning this matter, please call:

SUSANA NAVARRO

at (+52)

5625585201

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. ARTHRO MEDICAL CORP.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- ARTHRO MED CORP.  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. DELAWARE 3. 352754393  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. FEBRUARY 15, 2022 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 4300 BISCAYNE BOULEVARD MIAMI, FLORIDA 33137  
(Principal office street address)
- P.O. BOX 66 WASHINGTON, GA 30673  
(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]:

**A. DIRECTORS**

☐ Chairman Name: ISMAEL ULLUA  
☐ Vice Chairman Address: BARRIO LOS PATRICIOS  
☒ Director 15 LOT 15  
☐ President BOULOGNE SAN ISIDRO BSAS  
☐ 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 \_\_\_\_\_

☐ 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.

12. Ismael Ullua  
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. ISMAEL ULLUA  
(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 "ARTHRO MEDICAL CORP." 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 APRIL, A.D.  
2024.



6622153 8300

SR# 20241652469

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203338201

Date: 04-25-24

## ARTHRO MEDICAL CORP

# Thank you for your order!

Your payment has been processed. Your order confirmation number is **#344CH3H8**

### Your Registered Agent Details

#### Delaware

Resident Agents Inc.  
8 The Green STE R  
Dover, DE 19901

**Start Date:** 4/24/2024  
**End Date:** 4/24/2025

#### Florida

Registered Agents Inc  
7901 4th St N STE 300  
St. Petersburg, FL 33702

**Start Date:** 4/24/2024  
**End Date:** 4/24/2025

**Authorized individual on behalf of the Registered Agent:** David Roberts

Whether you are trying to form a new company, change your existing Registered Agent, or registering your company to do business in another state, we can help!



# State of Delaware

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 898  
DOVER, DELAWARE 19903

8899645

ARTHRO MEDICAL CORP

P.O. BOX 66,

WASHINGTON, GA 30673

04-25-2024

DESCRIPTION	AMOUNT
6622153 - ARTHRO MEDICAL CORP. 0312F Renewal for Forfeiture/No Agent	
Renewal	\$5.00
Receiving/Indexing	\$115.00
Surcharge Assessment-Kent County	\$6.00
Page Assessment-Kent County	\$18.00
Data Entry Fee	\$5.00
Court Municipality Fee, Dover	\$40.00
Expedite Fee, 24 Hour	\$100.00
6622153 - ARTHRO MEDICAL CORP. Entity Status - Short Form	
Certification Fee	\$50.00
Expedite Fee, 24 Hour	\$40.00
TOTAL CHARGES	\$379.00
TOTAL PAYMENTS	\$379.00
BALANCE	\$0.00

## STATE OF DELAWARE CERTIFICATE FOR REVIVAL OF CHARTER

The corporation organized under the laws of the State of Delaware, the charter of which was forfeited for failure to obtain a registered agent, now desires to procure a revival of its charter pursuant to Section 312 of the General Corporation Law of the State of Delaware, and hereby certifies as follows:

1. The name of the corporation is ARTHRO MEDICAL CORP.  
and, if different, the name under which the corporation was originally incorporated  
\_\_\_\_\_  
\_\_\_\_\_.
2. The Registered Office of the corporation in the State of Delaware is located at  
8 THE GREEN ST E R (street),  
in the City of DOVER, County of KENT  
Zip Code 19901. The name of the Registered Agent at such address upon  
whom process against this Corporation may be served is RESIDENT AGENTS INC.  
\_\_\_\_\_.
3. The date of filing of the Corporation's original Certificate of Incorporation in  
Delaware was FEBRUARY 15, 2022.
4. The corporation desiring to be revived and so reviving its certificate of  
incorporation was organized under the laws of this State.
5. The corporation was duly organized and carried on the business authorized by its  
charter until the 23 day of AUGUST A.D. 2023, at which time its  
charter became inoperative and forfeited for failure to obtain a registered agent and the  
certificate of revival is filed by authority of the duly elected directors of the corporation  
in accordance with the laws of the State of Delaware.

By: PABLO TORRES  
Authorized Officer

Name: PABLO TORRES  
Print or Type