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(Document Number)					
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#### **COVER LETTER**

TO:	Registration Section Division of Corpora					
SUBI	ECT: PACE MEDIC	AL, INC				
ЗОВ		Name of corporation	- must include	e suffix		
Dear S	Sir or Madam:					
"Certi	ficate of Existence," o	by Foreign Corporation for r "Certificate of Good Stan poration to transact busine	ding" and chee	to Transac ck are subn	t Business in Florida," nitted to register the	
Please	return all corresponde	ence concerning this matter	to the followi	ng:		
JAME	S PACETTI					
		Name of	Person	-		
PACE	MEDICAL, INC					
	<u> </u>	Firm/Con	pany			
2756 I	IARVEST DR.					
	· · · · · · · · · · · · · · · · · · ·	Addro	ess			
SARA	SOTA, FL 34240					
-		City/State a	nd Zip code			
ЛМРА	CETTI@GMAIL.COM					
	É	-mail address: (to be used t	or future annu	al report ne	otification)	
For fu	rther information cond	erming this matter, please o	all:			
JAME	S PACETTI	at (	295-4320			
	Name of Person	Area Cod	e Dayti	ime Teleph	ione Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Reg Divi P.O.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please		FLORIDA DEPARTMENT	OF STATE  S78.75 Filing  Certified Co	-	☐ \$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.

PACE MEDICA	AL, INC.				
	orporation; must include "INCORPORATED, orp." "Inc." "Co," or "Corp.")	" "COMPANY," "CORPORATION,"			
Pac	e Medical Device	3 lnc			
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting b	usiness in Florida)		
2. NEW JERSEY	3	22-2953964			
	y under the law of which it is incorporated)	(FEI number, if applic	(FEI number, if applicable)		
02/09/1989					
	of incorporation)	(Date of duration, if other than perpetual)			
6.	01/2025				
ľ	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 502, F.S., to determine penalty liability)			
2756 HARVEST	DR, SARASOTA, FL 34240				
,		ce street address)			
	(Current mailin	ng address, if different)			
8. Name and stree	et address of Florida registered agent: (P.C	). Box NOT acceptable)			
Nomen	JAMES PACETTI		2.2		
Name:	DICCULARIZED DR		2.270		
Office Address:	2756 HARVEST DR.		( )		
	SARASOTA	, Florida	5		
	(City)	(Zip code)	7 E 12:		
0.15.1.1	43		₩.		
). Registered ag	ent's acceptance: sed as registered agent and to accept servi	ice of process for the above stated co	ornoration at the place		
Having been nam designated in this	application, I hereby accept the appoints	nent as registered agent and agree t	o act in this capacity. I		
further agree to c	omply with the provisions of all statutes r	elative to the proper and complete p	erformance of my duties.		
and I am familiai	r with and accept the obligations of my po	sition as registered agent.			
	(1, 1)				
	Ja X lotto		_		
	(Registered agent's si	ignature)			
10. Attached is a	certificate of existence duly authenticated,	not more than 90 days prior to deliv	ery of this application to		

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS							
□Chairman	Name: James Pacetti	□Chairman	Name:				
□Vice Chairman	Address: 2756 Harvist Dr.	□Vice Chairman	Address:				
□Director	Sarasota FL 34240	□Director					
President	JAMES PACETTI	□President					
□Vice President		□Vice President		<u> </u>			
□Secretary	Treasurer	Secretary		Treasurer			
□Other	Other	Other		□Other			
□Chairman	Name:	□Chaiπnan	Name:				
□Vice Chairman	Address:	□ Vice Chairman	Address:				
Director	<del></del>	Director		<del></del>			
□President		□President		<del> </del>			
□Vice President		□ Vice President	<del></del>	301			
Secretary	□Treasurer	Secretary		□Treasurer			
□Other		□Other	<u> </u>	□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 filing your Florida Department of State Annual Report form.    12.							

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.

, JAMES PACETTI

# STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES LONG FORM STANDING WITH OFFICERS AND DIRECTORS

### PACE MEDICAL, INC. 0100405292

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on February 09, 1989.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

JAMES S PACETTI 31 REIRMAN ROAD WARREN, NJ 07059-0000

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on May 21, 2024.

PRESIDENT

JAMES PACETTI
31 REINMAN ROAD
WARREN, NJ 07059



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 4th day of December, 2024

den A Mu

Elizabeth Maher Muoio State Treasurer

Certificate Number : 6159524071

Verify this certificate online at

https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert jsp