

FILING COVER SHEET
ACCT. #FCA-14

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CORP. NAME: Zipmed. Com

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 13 PM 3:50

COST LIMIT: \$

RECEIVED
99 OCT 13 PM 2:30
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

☒ CERTIFIED COPY ☐ CERTIFICATE OF GOOD STANDING
☒ CERTIFICATE OF STATUS

~~7/~~ PLAIN STAMPED COPY

Examiner's Initials

h/ 10/13/99

**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. ZIPMED.COM, INC.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or
abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or
partnership if not so contained in the name at present.)

2. Delaware

(State or country under the law of which it is incorporated)

3.

65-0950823

(FEI number, if applicable)

4. September 15, 1999

(Date of incorporation)

5.

Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 2725 HANSON STREET

FT. MYERS, FL 33901

(Current mailing address)

8. All lawful purposes

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: R. Douglas Zipperer

Office Address: 2725 Hanson Street

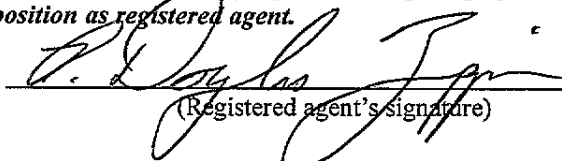
Ft. Myers

, Florida, 33901

(Zip code)

10. 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.*


(Registered agent's signature)

11. 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.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: R. Douglas Zipperer

Address: 2725 Hanson Street

Ft. Myers, Florida 33901

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: R. Douglas Zipperer

Address: 2725 Hanson Street

Ft. Myers, Florida 33901

Vice President: _____

Address: _____

Secretary: R. Douglas Zipperer

Address: 2725 Hanson Street

Ft. Myers, Florida 33901

Treasurer: R. Douglas Zipperer

Address: 2725 Hanson Street

Tampa, Florida 33901

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. R. Douglas Zipperer, President

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

State of Delaware
Office of the Secretary of State PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF INCORPORATION OF "ZIPMED.COM, INC.",
FILED IN THIS OFFICE ON THE FIFTEENTH DAY OF SEPTEMBER, A.D.
1999, AT 9 O'CLOCK A.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE
NEW CASTLE COUNTY RECORDER OF DEEDS.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 13 PM 3:50



Edward J. Freel

Edward J. Freel, Secretary of State

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AUTHENTICATION: 9972343

DATE: 09-16-99