

P18000061929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

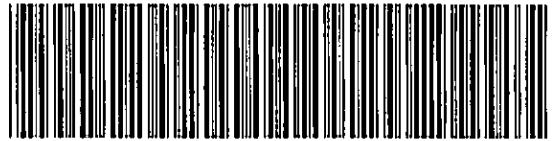
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/13/18--01017--007 **128.75

07/13/18--01017--008 **8.75

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18 JUL 13 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



JUL 17 2018
T SCHROEDER

COVER LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: NAWA Medical, Inc.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ <u>78.75</u>
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status \$ 8.75

Shulman, Rogers, Gandal, Pordy & Ecker, PA

Name (printed or typed)

12505 Park Potomac Avenue, 6th Floor

Address

Potomac, MD 20854

City, State & Zip

301-230-5200

Daytime Telephone Number

hross@shulmanrogers.com

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

CERTIFICATE OF DOMESTICATION

The undersigned, Sylvia Weber, Director and CEO
(Name) (Title)

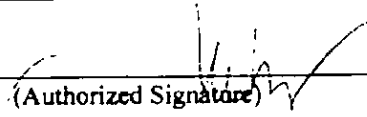
of NAWA Medical, Inc. a foreign corporation.
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was March 31, 2017.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Delaware.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was NAWA Medical, Inc..
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is NAWA Medical, Inc..
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was 16192 Coastal Highway, Lewes, DE 19958.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am the Director & CEO of NAWA Medical, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 29 day of March, 2018.


(Authorized Signature)

Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

NAWA Medical, Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address

Mailing Address

Meridian Center

c/o Howard J. Ross

1688 Meridian Avenue

464 E Macewen Drive

Suites 600 & 700

Osprey, FL 34229

Miami Beach, Florida 33139

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

To engage in any lawful act or activity for which corporations may be organized under the Florida Business Corporation Act.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 10,000,000

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name

Sylvia Weber, Director and CEO

Lerchenstraße 13

90562 Heroldsberg - Germany

Title/Name

Helaine Dandrea, COO

78 Armstrong Avenue

Staten Island, NY 10308

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Howard J. Ross

464 E Macewen Drive

Osprey, FL 34229

ARTICLE VII INCORPORATOR

THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

Howard J. Ross

464 E Macewen Drive

Osprey, FL 34229

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

Howard J. Ross
Signature/Registered Agent

3/28/19
Date

Howard J. Ross
Signature/Incorporator

3/28/16
Date

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TALLAHASSEE, FLORIDA