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COVER LETTER **

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Department of State

Division of Corporations

P.O. Box 6327

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Tallahassee, FL 32314

SUBJECT: Unetixs Vascular, Inc.

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

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	<u>\$ 78.75</u>
Total filing fee	\$128.75
OPTIONAL:	

Certificate of Status \$	8.75
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From:

Julie Zaccagnini

Name (printed or typed) Pierce Atwood, LLP, 1 Financial Plaza, 26th Floor

Address

Providence, RI 02903

City, State & Zip

401-490-3417

Daytime Telephone Number

jzaccagnini@pierceatwood.com

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

INHS53 (3/20)

Articles of Domestication Foreign Corporation Domesticating to Florida

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The u	ndersigned, Neeraj Kumar Jha	CEO	
	(Name)	(Title)	
_{of} U	netixs Vascular, Inc.		a foreign
•	ration, in accordance with s. 607.11922, Florida stication.	a Statutes, submit thes	e Articles of
1.	Then name of the domesticating corporation	_{is} Unetixs Vas	cular, Inc.
-	.	(Foreign Co	
2.	The jurisdiction and date of its formation is	Rhode Island	5/17/1989
3. The name of the domesticated corporation is Unetixs Vascular,			
4.	The jurisdiction of formation of the domestica	ated corporation is Flo	rida
5.	The domestication corporation is a foreign co approved in accordance with its organic law.	rporation and the don	nestication was
6.	Attached are Florida Articles of Incorporation	to complete the dom	estication

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.

requirements pursuant to s.607.0202, F.S.

Almaj lima Am (Authorized Signature)

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ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

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THE NAME OF THE CORPORATION SHALL BE:

Unetixs Vascular, Inc.

ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:			9099 NUV	-ر- -
Principal Address 6901 TPC Drive	Mailing Address 6901 TPC Drive	55	 -7	
Suite 300	Suite 300		PM 3:	۰ <u>ــــــــــــــــــــــــــــــــــــ</u>
Orlando, FL 32822	Orlando, FL 32822	ە <u>ت</u> ە 10	60	

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED: Development, manufacturing, distribution and sale of medical equipment

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 1,000

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

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

Neeraj Kumar Jha

6901 TPC Drive, Suite 300

Orlando, FL 32822

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.

Signature/Registered Agent

11/7/22 Date

ARTICLE V DIRECTORS AND/ OR OFFICERS

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. .

THE NAME(S) AND	DADDRESS(ES) AND SPECIFIC TITLE	S:		
Name & Title:	Neeraj Kumar Jha, CEO	Name & Title:		
Address:	6901 TPC Drive	Address:		
	Suite 300	_		
	Orlando, FL 32822			
Name & Title:	Jayesh C. Patel, COO	Name & Title:		
Address:	6901 TPC Drive	Address:		
	Suite 300			
	Orlando, FL 32822			
Name & Title:	Neeraj Kumar Jha, Secretary	Name & Title:	~2	
Address:	6901 TPC Drive	Address:	2022 NUV	- 1-
	Suite 300		U VU	
	Orlando, FL 32822			[`
Name & Title:	Vinod Ramnani, Director	Name & Title:	3:09	Ĺ
Address:	6901 TPC Drive	Address:	90	
	Suite 300			
	Orlando, FL 32822	-		
		_		

I submit this document and affirm that the facts stated herein are true. I am 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.

<u>Muraj</u> <u>Kuma Mu</u> Signature/Authorized Person _____