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TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET

FROM: CORPORATE CREATIONS MIAMI
4437 SHERIDAN AVE

MIAMI BEACH FL 33140-0000

CONTACT: JOSEPH MATA
PHONE: (305) 538-9091
FAX: (305) 538-8994

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NAME: DELAND SCIENTIFIC CORPORATION OR P.A.
FAX AUDIT NUMBER: H95000001987
DATE REQUESTED: 02/17/1995
CERTIFIED COPIES: 0
NUMBER OF PAGES: 4
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TIME REQUESTED: 13:35:31
CERTIFICATE OF STATUS: 1
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TALLAHASSEE, FL
SECRET

02/17/95

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**Articles of Incorporation
of
Delano Scientific Corporation**

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95 FEB 17 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article I. Name

The name of this Florida corporation is Delano Scientific Corporation

Article II. Address

The mailing address of the Corporation is:

Delano Scientific Corporation
3212 South Ocean Blvd., Suite 108A
Highland Beach, FL 33487

Article III. Capital Stock

The Corporation shall have the authority to issue 2000 shares of common stock, par value \$.01 per share.

Article IV. Registered Agent

The name and address of the registered agent of the Corporation is:

Corporate Creations Enterprises Inc.
4521 PGA Boulevard, Suite 211
Palm Beach Gardens, FL 33418

Article V. Board of Directors

The affairs of the Corporation shall be managed by a Board of Directors consisting of no less than one director. The number of directors may be increased or decreased from time to time in accordance with the Bylaws of the Corporation. The election of directors shall be done in accordance with the

Corporate Creations International Inc.
4437 Sheridan Avenue
Miami Beach, FL 33140
(305) 538-9091

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Bylaws. The directors shall be protected from personal liability to the fullest extent permitted by law. The name of each initial member of the Corporation's Board of Directors is:

Betty J. Dais

Article VI. Incorporator

The name and address of the incorporator is:

Corporate Creations International Inc.
4437 Sheridan Avenue
Miami Beach, FL 33140

Article VII. Corporate Existence

The corporate existence of the Corporation shall begin effective as of February 17, 1995.

The authorized representative of the incorporator executed these Articles of Incorporation on February 17, 1995.

Corporate Creations International Inc.

By: Joseph P. Mata
Joseph P. Mata, Secretary

Corporate Creations International Inc.
4437 Sheridan Avenue
Miami Beach, FL 33140
(305) 538-8091

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

CORPORATION:
Delano Scientific Corporation

REGISTERED AGENT:
Corporate Creations Enterprises Inc.
4521 PGA Boulevard, Suite 211
Palm Beach Gardens, FL 33418

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SECRET
TALLAHASSEE, FLORIDA

I agree to act as registered agent to accept service of process for the corporation named above at the place designated in this Certificate. I agree to comply with the provisions of all statutes relating to the proper and complete performance of the registered agent duties. I am familiar with and accept the obligations of the registered agent position.

Corporate Creations Enterprises Inc.

Joseph P. Mata
Johnny C. Rodriguez, Vice President
By: Joseph P. Mata as Attorney in Fact

Date: February 17, 1995

Corporate Creations International Inc.
4437 Sheridan Avenue
Miami Beach, FL 33140
(305) 538-9091

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000013831**

1. Corporation Name

DELANO SCIENTIFIC CORPORATION

Mailing Address

Principal Place of Business

**86 ~~BAY~~ HARBOUR MACFARLANE DR.
SUITE 6-5
DELRAY BEACH, FL 33483**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Mailing Address, if Applicable

3. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0557967

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PRES Dir	BETTY DAIS	86 BAY HARBOUR MACFARLANE SUITE 6-5 DELRAY BEACH, FL 33483	DELRAY BEACH, FL 33483

8000002646868
-01/03/97--01182--014
****375.00 ****375.00

062-24-96

3. Name and Address of Current Registered Agent

**BETTY DAIS
86 ~~BAY~~ HARBOUR MACFARLANE DR
SUITE 6-5
DELRAY BEACH, FL 33483**

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Betty J. Davis

REGISTERED AGENT MUST SIGN

Date **Dec 5, 1996**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(h), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(h) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **Betty J. Davis**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **Dec 5, 1996**

Date

Daytime Phone #