State of Idaho

Office of the Secretary of State

CERTIFICATE OF REGISTRATION

OF

DEFY MEDICAL, LLC

File Number W 205456

I, LAWERENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: July 6, 2018



SECRETARY OF STATE

By Skeet



Rev. 08/2015

FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the form in <u>duplicate</u>.

2018 JUL -6 PH 1: 00

SECRETARY OF STATE

1.	. The name of the entity is: Defy Medical, LLC							
2.	The name which it shall use in Idaho is:							
3.	Select the type of entity you wish to register: (Enter a name here, only if you are required to adopt an alternate name)							
U.	☐ Business Corporation ☐ General Partnership							
	• • • • • • • • • • • • • • • • • • • •	☐ Nonprofit Corporation ☐ General Cooperative Association						
	☑ Limited Liability Partnership ☐ Limited Partnership (Including a limited liability limited partnership							
		☐ Limited Liability Company ☐ Statutory Trust, Business Trust, or Common-law Business Trust						
	Ti Other							
	(Use "Other" only if your fore	(Use "Other" only if your foreign entity type is <u>not</u> listed above, and enter the type here.)						
4.	Elacida							
5.	(Provide the domestic jurisdiction where the entity was formed) The address of its principal office is: 4809 N Armenia Ave Suite 220 Tampa, FL 33603							
	(Street Address) PO Box 2971 Tampa, FL 336	-,	L 03003					
	(Mailing Address, if different)							
6.	The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:							
	(Street Address)							
	(Mailing Address, if different)							
7.	The mailing address to which correspondence should be addressed, if different from item 5, is:							
	(Address)							
8.	Name and street address of registered agent <u>in Idaho</u> :							
	Chelsea Dunning 1604 W Bannock St Unit 20 Boise, ID 83702							
	(Name) (Address)							
9.	The name, capacity, and mailing address of at least one governor:							
	Stamatis Ferarolis							
	(Name)	CEO	PO Box 297	1 Tan	npa, FL	33601		
	MA	(Capacity) ANAGER	(Address)					
	(Name)	(Capacity)	(Address)					
				8		IDAHO SECRETARY OF STATE		
1	Typed Name: Stamatis Ferarc	lis		8		07/06/2018 05:00		
			-	tate		:4160 CT:360117 BH:1652408		
	Signature:			of S	10 1	00.00 = 100.00 FOR REG ST	#2	
	MANAGE	R		fary		N/2054510		
(Capacity: CEO MANAGE:			Secretary of State use only		1 V - 10 - 1 0 CK		

State of Florida Department of State

I certify from the records of this office that DEFY MEDICAL, LLC is a limited liability company organized under the laws of the State of Florida, filed on December 20, 2011, effective December 20, 2011.

The document number of this limited liability company is L11000142353.

I further certify that said limited liability company has paid all fees due this office through December 31, 2018, that its most recent annual report was filed on January 11, 2018, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty-sixth day of June, 2018



Ken Detran Secretary of State

Tracking Number: CU2421105064

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

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