

F14000003200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

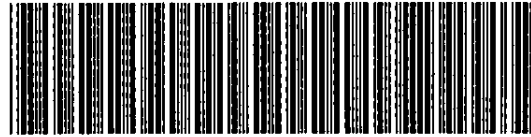
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/26/14--01006--009 **78.75

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14 JUL 30 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17-30/ms

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUL 30 PM 2:00

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ADPI Medical, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Joseph Calandra
Name of Person
ADPI Medical, Inc.
Firm/Company
436 Flanders Road
Address
Southington, CT 06489
City/State and Zip code
Submit@adpimedical.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda Dennis at (860) 261-7607
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

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. ADPT Medical, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Connecticut 3. 410 2212004
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/07/2013 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. March 31, 2014
(Date first transacted business in Florida, if prior to registration).
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4710 Flanders Road, Southington, CT 06489
(Principal office address)

Same as office address
(Current mailing address)

8. Temporary staffing agency placing employees at clients location
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) in Florida:

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

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North
Loxahatchee, Florida 33470
(City) (Zip code)

10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation as the plaintiff 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.

[Signature] on behalf of InCorp Services, Inc.
(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.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Joseph Calandra

Address: 1716 Flanders Road

Southington, CT 06489

Vice President: _____

Address: _____

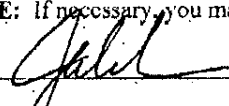
Secretary: Joseph Nappi

Address: 1549 Sterling Drive, Manasquan, NJ 08731

Treasurer: _____

Address: _____

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

13.  _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is 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.

14. Joseph Calandra

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,
DO HEREBY CERTIFY, that the certificate of incorporation of

ADPI MEDICAL, INC.

a domestic STOCK corporation, was filed in this office on March 07, 2013, a certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far as indicated by the records of this office such corporation is in existence.



Secretary of the State

Date Issued: July 28, 2014

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14 JUL 30 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

REC'D 10

14 JUL 30 PM 1:16

SECRET
TALLAHASSEE, FLORIDA

May 13, 2014

JOSEPH NAPPI
1549 STERLING DRIVE
MANASQUAN, NJ 08736

SUBJECT: ADPI MEDICAL, INC.
Ref. Number: W14000019654

We have received your document for ADPI MEDICAL, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carol Mustain
Regulatory Specialist II

Letter Number: 214A00006615



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 27, 2014

JOSEPH NAPPI
1549 STERLING DRIVE
MANASQUAN, NJ 08736

SUBJECT: ADPI MEDICAL, INC.
Ref. Number: W14000019654

We have received your document for ADPI MEDICAL, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Profit Corporation, but your entity is a Foreign Profit Corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carol Mustain
Regulatory Specialist II

Letter Number: 214A00006615