#### Filing and License Fee: \$310.00 minimum



### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Division of Business Services
148 W. River Street
Providence, Rhode Island 02904-2615

#### **BUSINESS CORPORATION**

#### **APPLICATION FOR CERTIFICATE OF AUTHORITY**

2012	000 000 000
APR	RPC
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9	<u> </u>

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the understand corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose subfrits the following statement:

The nar	me of the corporation is Perfuzia Me	dical, Inc.		6	
It is inc	orporated under the laws of Delawa	re			
	me, if different, which it elects to use				
(a) If t	the name of the corporation in its	jurisdiction of inc eviation thereof, the	corporation does not contain the word "corporate an list the name of the corporation with the additi	ion", "d ion of d	company", one of the
qua	he corporate name is not available in alify and transact business in Rhod plication:	Rhode Island, the	n set forth below the fictitious name under which the in the "Fictitious Business Name Statement" to i	e corpo be filed	ration will with this
The dat	e of its incorporation is	2009	and the period of its duration is perpetual		
The add	dress of its principal office is 44 Sarg	ent Avenue, Prov	idence, RI 02906	.,	
	dress of its proposed registered office			,	
THE auc	aress or its proposed registered office		(Street Address, not P.O. Box)		
Provide		, RI	and the name of its proposed registered agent in	Rhode	Island at
	(City/Town)	(Zip Code)	. ,		ioiaira at
	. Sadi Brink-Danan				
that add	Iress is Sagi Brink-Danan	/No.			
			ne of Agent)		
The pur	pose or purposes which it proposes t		ne of Agent)	٠.	
The pur			- '		
The pur The de	pose or purposes which it proposes ovelopment of medical devices	to pursue in the trai	- '	s of the	e state or
The pur The de	pose or purposes which it proposes in the velopment of medical devices  e names and respective addresses	to pursue in the trai	nsaction of business in Rhode Island are:	s of the	e state or
The pur The de	pose or purposes which it proposes of velopment of medical devices  e names and respective addresses of which it is incorporated).  Name Sagi Brink-Danan	to pursue in the trai	nsaction of business in Rhode Island are:	s of the	e state or
The de	pose or purposes which it proposes of velopment of medical devices  e names and respective addresses of which it is incorporated).  Name Sagi Brink-Danan	to pursue in the trai	nsaction of business in Rhode Island are:  stional unless directors are required under the law.  Address	s of the	e state or
The pur The de (a) The country	pose or purposes which it proposes in velopment of medical devices  e names and respective addresses of which it is incorporated).  Name Sagi Brink-Danan Shai Schubert	to pursue in the trai	nsaction of business in Rhode Island are:  otional unless directors are required under the law.  Address  44 Sargent Avenue, Providence, RI 02906		
The pur The de  (a) The country  Director	pose or purposes which it proposes to velopment of medical devices  e names and respective addresses of which it is incorporated).  Name Sagi Brink-Danan Shai Schubert Sam Stolbun	to pursue in the trai	nsaction of business in Rhode Island are:  otional unless directors are required under the law.  Address  44 Sargent Avenue, Providence, RI 02906  44 Sargent Avenue, Providence, RI 02906		state or

Form No. 150 Revised: 06/11

Sagi Brini		<u>Name</u> -Danan	AA Sargent As	Address			
	President & CEU				44 Sargent Avenue, Providence, RI 02906  44 Sargent Avenue, Providence, RI 02906		
Treasurer Sag		Sagi Brink	·				
				44 Sargent Avenue, Providence, RI 02906			
Se	Secretary Sagi Brini		-Danan	44 Sargent Av	44 Sargent Avenue, Providence, RI 02906		
). The	e aggregate numi	per of shares v	which it has authority to	issue; itemized by classes,	par value of shares, shares without par value		
an	Number of Shar	ithin a class, is: res <u>Class</u>		Series	Par Value or Statement that Shares are without Par Value		
3,0	000	<del></del>	Common	<u>501100</u>	\$0.001		
(c) I1. (a)	s 2,670.00 Island during the 10.1 the corporation be owned during \$170,000.00 during the follow \$60,000.00 or from places of 35.3 transacted by the	we following year  % = An est to be located g the following  ving year.  f business in  % = An est ne corporation ill be transact	ted.  = An estima ar.  imate, expressed as a within this state during year, wherever located  = An estima  = An estima  Rhode Island during the timate, expressed as a at or from places of b	te of the value of the corporation  percentage, of the proportion  the following year bears to  d. (divide (b) by (a) and multiple  the of the gross amount of but  the of the gross amount of but  the following year.  The percentage, of the proportions in this state during the	pration's property to be located within Rhode on that the estimated value of the property of the value of all property of the corporation to the value of all property of the corporation to the value of all property of the corporation to the value of all property of the corporation to the value of all property of the corporation to the value of all property of the corporation as to be transacted by the corporation as the value of the transacted by the corporation as the value of the transacted by the corporation as the value of the v		
2. Thi	is application is a	ccompanied to	by a certificate of Good	d Standing issued by the pro	oper officer of the state or country under the		
3. Thi	is Application for 0	Certificate of A	authority shall be effecti	ve upon filing unless a speci	fied date is provided which shall be no later		
tha	ın the 90th day aft	er the date of	this filing	······································			
Date: _	April 12, 2012			Application for Certificate attachments, and that all correct.	declare and affirm that I have examined this of Authority, including any accompanying statements contained herein are true and thorized Officer of the Corporation		
				Sagi Brink-Danan, Presid	dent & CEO		

Type or Print Name of Authorized Officer

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# Delaware

PAGE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PERFUZIA MEDICAL, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF APRIL, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PERFUZIA MEDICAL, INC." WAS INCORPORATED ON THE TWELFTH DAY OF JANUARY, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

4643671 8300

120424094

AUTHENTY CATION: 9499454

DATE: 04-12-12

You may verify this certificate online at corp.delaware.gov/authver.shtml



#### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

