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	00 07 07 07 07
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9	<u>5</u> 0

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 na	ame of the corporation is Perfuzia Mo	edical, Inc.		6	
It is in	corporated under the laws of Delawa	ıre			
	ame, if different, which it elects to use				
(a) If	the name of the corporation in its	s jurisdiction of inc eviation thereof, the	corporation does not contain the word "corporation does not contain the word "corporation with the addit	tion", "c ion of a	ompany", ne of the
qu	the corporate name is not available in valify and transact business in Rhoc oplication:	n Rhode Island, the de Island as stated	n set forth below the fictitious name under which th in the "Fictitious Business Name Statement" to	e corpo be filed	ration will with this
The da	ite of its incorporation is	2009	and the period of its duration is perpetual		····
The ad	dress of its principal office is 44 Sarg	gent Avenue, Prov	idence, RI 02906	,,	
	dress of its proposed registered office			,	
ille au	idiess of its proposed registered offici		(Street Address, not P.O. Box)		 -
Provid		, RI 02906	and the name of its proposed registered agent in	Rhode	Island at
	(City/Town)	(Zip Code)			
	Cont Databa Danasa				
that ad	dress is Sagi Brink-Danan	/No.			
			ne of Agent)		
The pu	rpose or purposes which it proposes		ne of Agent) nsaction of business in Rhode Island are:		
The pu			- '		
The pu	rpose or purposes which it proposes	to pursue in the trai	- '	s of the	state or
The pu	rpose or purposes which it proposes evelopment of medical devices he names and respective addresses	to pursue in the trai	nsaction of business in Rhode Island are:	s of the	state or
The pu	repose or purposes which it proposes evelopment of medical devices the 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	state or
The do	repose or purposes which it proposes evelopment of medical devices the 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: stional unless directors are required under the law Address	s of the	state or
The do	trpose or purposes which it proposes evelopment of medical devices the 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		
The pu The de (a) Tr country Directo	tripose or purposes which it proposes evelopment of medical devices the 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	F	state or

Form No. 150 Revised: 06/11

Sagi Brini		<u>Name</u> ∢-Danan	44 Sargent Av	Address		
	President & CEO		ıbert	44 Sargent Avenue, Providence, RI 02906 44 Sargent Avenue, Providence, RI 02906 44 Sargent Avenue, Providence, RI 02906		
Vice President		 				
Tr	Treasurer Secretary Sagi Brin					
Se			k-Danan	44 Sargent Av	44 Sargent Avenue, Providence, RI 02906	
). Th	ne aggregate numl nd series, if any, w	per of shares	which it has authority to	issue; itemized by classes,	par value of shares, shares without par value	
QI.	Number of Shar	·		Series	Par Value or Statement that Shares are without Par Value	
3,	,000		Common	<u></u>	\$0.001	
(c)	the corporation be owned during the follow during the follow or from places of transacted by the corporation of the corporation	e following ye % = An es to be located g the following ving year. of business in % = An es ne corporation ill be transact	ated. = An estima ar. timate, expressed as a within this state during g year, wherever located = An estimat = An estimat Rhode Island during the stimate, expressed as a an at or from places of b	percentage, of the proportion the following year bears to the following year and multiple the following year. The percentage, of the proportions in this state during	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 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 tion that the gross amount of business to be the following year bears to the gross amount divide (b) by (a) and multiply by 100 to obtain	
2. Th	nis application is a ws of which it is inc	ccompanied corporated.	by a certificate of Good	d Standing issued by the pro	oper officer of the state or country under the	
3. Th	is Application for (Certificate of A	Authority shall be effecti	ve upon filing unless a speci	ified date is provided which shall be no later	
tha	an the 90th day af	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