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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

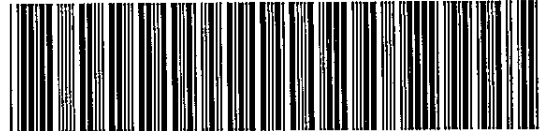
(Document Number)

Certified Copies _____

Certificates of Status _____

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2005 APR 18 AM 10:33

CLERK OF DISTRICT CLERK
TALLAHASSEE, FLORIDA

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CLERK OF DISTRICT CLERK
TALLAHASSEE, FLORIDA

J. BRYAN APR 19 2005

FLORIDA RESEARCH & FILING SERVICES, INC.
1211 CIRCLE DRIVE
TALLAHASSEE, FL 32301
PHONE (850)656-6446

OFFICE USE ONLY

WALK-IN

ENTITY NAME:

1. SUPERIOR WOUND SOLUTIONS, INC.

CK# 1552

AMOUNT \$78.75

PLEASE FILE THE ATTACHED FOREIGN CORPORATION & RETURN THE
FOLLOWING:

XXX CERTIFIED COPY

___ STAMPED COPY

___ CERTIFICATE OF STATUS

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2005 APR 18 AM 10:33
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

Examiner's Initials

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Superior Wound Solutions, 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," 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:

Charles H. Morgan

(Name of Person)

(Firm/Company)

2208 S. 9th St.

(Address)

St. Louis, MO 63104

(City/State and Zip code)

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TALLAHASSEE FLORIDA
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Charles Morgan

(Name of Person)

at (314) 802-1872

(Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration 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. Superior Wound Solutions, Inc.

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

N/A

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

2. Missouri

(State or country under the law of which it is incorporated)

3. 20-2573648

(FEI number, if applicable)

4. March 9, 2005

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. N/A

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

7. 210 Lindenwood Ave., St. Louis MO 63304

(Principal office address)

(Current mailing address)

8. To distribute and sell wound care related products throughout the United States

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: FLORIDA RESEARCH & FILING SERVICES, INC.

Office Address: 1211 CIRCLE DR

TALLAHASSEE FL, Florida 32301

(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 at the place 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.

Lydia E. Lott, its agent

(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.

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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

A. DIRECTORS

Chairman: Joseph Kuenne

Address: 210 Lindenwood

St. Charles, MO 63304

Vice Chairman: Jason Wilshire

Address: 7137 Channelside Ln.

Pinellas Park, FL 33782

Director: John Kuenne

Address: 521 Oak St.

Millstadt, IL 62260

Director: Charles Morgan

Address: 2208 S. 9th St.

St. Louis, MO 63104

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2009 APR 8 AM 10:33
OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FLORIDA

B. OFFICERS

President: Jason Wilshire

Address: 7137 Channelside Ln.

Pinellas Park, FL 33782

Vice President: John Kuenne

Address: 521 Oak St.

Millstadt, IL 62260

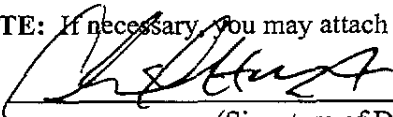
Secretary: _____

Address: _____

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 listed in number 12 of the application)

14. Charles H. Morgan

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

STATE OF MISSOURI



Robin Carnahan
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

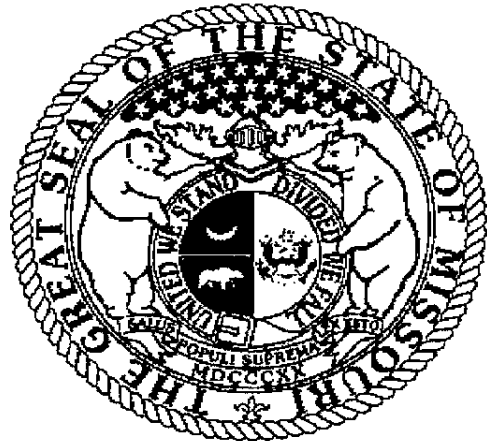
SUPERIOR WOUND SOLUTIONS, INC.
00645804

was created under the laws of this State on the 9th day of March, 2005, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 20th day of March, 2005

Robin Carnahan

Secretary of State



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2005 APR 18 AM 10:33
JULIA S. JEFFERSON
TALLAHASSEE, FLORIDA