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Attached are the forms and instructions to register a foreign profit corporation to transact business in Florida. The requirements are as follows:

- Pursuant to section 607.1503(1), Florida Statutes, the attached application must be completed in its entirety.
- The corporation must submit an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of corporate records in the state or country under the law of which it is incorporated. A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.
- There is a \$70.00 registration fee and a letter of acknowledgment will be issued free of charge upon registration.
- Certification fees are optional. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy of the application is \$8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50). Please check the appropriate box on the transmittal letter and send one check for the total amount made payable to the Florida Department of State.
- The transmittal letter included in this packet should be completed and submitted along with the certificate, application and check. Both the mailing address and courier address are noted in the transmittal letter.

Any further inquiries concerning this matter should be directed to the Qualification/Tax Lien Section by calling (850) 487-6091 or writing Qualification/Tax Lien Section, Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314.

FILED
00 MAY 10 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

487-6051

FOO-2620
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[Handwritten signatures and stamps]

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Southeastern Emergency Equipment Co., 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:

DONALD PLEASANTS
(Name of Person)

Southeastern Emergency Equipment Co., Inc.
(Firm/Company)

PO BOX 1196
(Address)

WAKE Forest, NC 27588
(City/State/Zip)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Should you need to call someone concerning this matter, please call:

DONALD PLEASANTS at (919) 556-1890
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien 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



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 3, 2000

DONALD PLEASANTS
P.O. BOX 1196
WAKE FOREST, NC 27588

SUBJECT: SOUTHEASTERN EMERGENCY EQUIPMENT CO., INC.
Ref. Number: W00000011581

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SOUTHEASTERN EMERGENCY EQUIPMENT CO., 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 entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

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) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 000A00024518

**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. Southeastern Emergency Equipment Co., Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. N.C. 3. 56-1246302
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1979 5. 20 PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 20 UPON QUALIFICATION
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. POROX 1196
WAKE FOREST, NC 27588
(Current mailing address)

8. DISTRIBUTOR OF MEDICAL EQUIPMENT
(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 or Mail Drop Box **NOT** acceptable)

Name: Wayne Stowell

Office Address: 10045 87th St. North

Largo, Florida, 33777
(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.

Wayne Stowell

(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.

ENCLOSED

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

00 MAY 10 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: DONALD PLEASANTS
Address: 1753 PASTURE WALK DR. WAKE FOREST, NC 27588

Vice Chairman: NIKKI P. COLLIE
Address: 1883 FLAT ROCK CHURCH RD LOUISBURG, NC 27549

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: DONALD PLEASANTS
Address: 1753 PASTURE WALK DR. WAKE FOREST, NC 27588

Vice President: NIKKI P. COLLIE
Address: 1883 FLAT ROCK CHURCH RD LOUISBURG, NC 27549

Secretary: NIKKI P. COLLIE
Address: 1883 FLAT ROCK CHURCH RD LOUISBURG, NC 27549

Treasurer: DONALD PLEASANTS
Address: 1753 PASTURE WALK DR. WAKE FOREST, NC 27588

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

13. Donald Pleasants
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. DONALD PLEASANTS PRESIDENT
(Typed or printed name and capacity of person signing application)

STATE OF NORTH CAROLINA



Department of The
Secretary of State

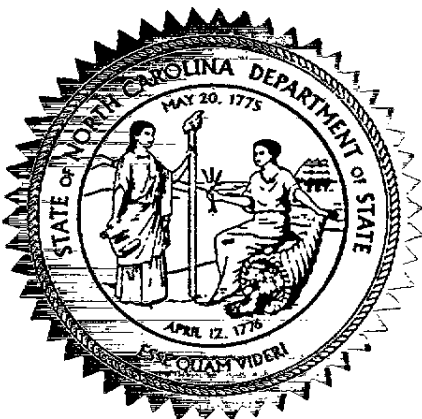
CERTIFICATE OF EXISTENCE

I, **ELAINE F. MARSHALL**, Secretary of State of the State of North Carolina, do hereby certify that

SOUTHEASTERN EMERGENCY EQUIPMENT COMPANY

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 8th day of August, 1979, with its period of duration being Perpetual.

I **FURTHER** certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 **has been** delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto
set my hand and affixed my official seal at the
City of Raleigh, this 12th day of April, 2000.

Elaine F. Marshall