# F9900 (ANSWITAL) ETTER 3520

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Radon Medical Parts, 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: 1000029171 Mrs. Carol Riddle (Name of Person) Radon Medical Parts, Inc. (Firm/Company) 384 Peachoid Road (Address) Gaffney, SC 29341 Availab (City/State/Zip) Should you need to call someone concerning this matter, please call: Carol Riddle at ( 864 (Name of Person) (Area Code & Daytime Telephone Number

#### **COURIER 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 ណ្ឌ

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

N COMPLIANCE	WITH SECTION 607	7.1503, FLORID	A STATUTI	ES, THE FOLLOWI SC IN THE STATE I	NG IS SUBMITT OF FLORIDA	ED TO	
REGISTER A FOR	EIGN CORPORATIO	N TO TRANSA	CT BUSINE	SS IN THE STATE	OI. PLONDA.		-
ı. Radon Me	dical Parts,	Inc.			OD ATTONIT		_
words or abbrevi	ation; must include the vations of like import in partnership if not so co	language as Will :	cieariy indica	ite mat it is a corpora-	oration or tion instead of a		
, South Ca	rolina		3	57-10554		<u> </u>	_
(State or country	under the law of which	it is incorporated	<u>)</u>	(FEI number	er, if applicable)		
4 October	1, 1996			Perpetual		. 1923	<del></del> .
(Date	of incorporation)		(Duration:	Year corp. will cease	e to exist or "perpe	mai")	
6. July 1,	1999			1501 COT 1502 and	017 155 E C \		
	transacted business in F	lorida.) (SEE SE	CTIONS 607	.1501, 607.1502 and	61 /.1 <i>33</i> , F.S.)		
7. <u>384 Peac</u>	choid Road	<u> </u>		·····			
Gaffney	sc 29341						_
		(Current mailin	g address)				
(Purpose(	equpiment reposition of corporation author	ized in home stat	e or country	to be carried out in st			— — — — — — — — — — — — — — — — — — —
Name:	Alex Pasut				ARY O	28 P	
Office Address:	4803 Dryad	Street			, T	PH 5:	
	Tampa		,,	Florida, 33629 (Zip code	<u></u> §ñ	00	3 - Ta
	gent's acceptance:						
in this application comply with the pr	ed as registered agent a I hereby accept the ap- covisions of all statutes igations of my position	ppointment as reg relative to the pr as registered ago	gisterea agen roper and coi ent.	t ana ayree to uct ui t	of my duties, and l	I am fam	iliar with
		, –					
11. Attached is a Department of Sta	certificate of existence te, by the Secretary of S	duly authenticate State or other offi	d, not more t	han 90 days prior to dustody of corporate re	lelivery of this appecards in the juriso	dication i	to the ider the law

of which it is incorporated.

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

Chairman:	Alex Pasut	
Address:	4803 Dryad Street	
	Tampa, FL 33629	
Vice Chairma	m;	
Address:		
Director:	Walter B. Boulware	
Address:	384 Peachoid Road	
	Gaffney, SC 29341	
Director:	Anthony R. Bodenheimer	
Address:	384 Peachoid Road	
	Gaffney, SC 29341	
B. OFFICE	RS (Street address only - P.O. Box NOT acceptable)	
resident:	Alex Pasut	
Address:	4803 Dryad Street	
***	Tampa, FL 33629	SEC
/ice Presiden	t Walter B. Boulware	ATE IN F
Address:	384 Peachoid Road	RY B II
	Gaffney, SC 29341	ES a
Secretary:	Anthony R. Bodenheimer	8 H
Address:	384 Peachoid Road	
	Gaffney, SC 29341	
reasurer:	Anthony R. Bodenheimer	
Address:	384 Peachoid Road	
	Gaffney, SC 29341	
NOTE: If no	ecessary, you may attach an addendum to the application listing additional officers and/or	directors.
i3. 🗸 (	alex Paset	
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the app	lication)
14. <u>A</u>	lex Pasut         President           (Typed or printed name and capacity of person signing application)	

### The State of South Carolina



## Office of Secretary of State Jim Miles Certificate of Existence

I, Jim Miles, Secretary of State of South Carolina Hereby certify that:

### RADON MEDICAL PARTS, INC.,

a corporation duly organized under the laws of the State of South Carolina on **September 9th**, **1996**, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to Section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 18th day of June, 1999.

Jim Miles, Secretary of State