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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

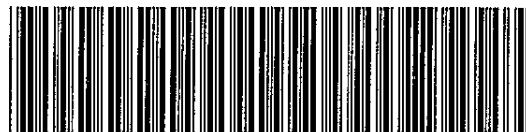
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Progressive Health Supply & Source Corp.
(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:

Eileen M. Gray, Paralegal
(Name of Person)

Kirkpatrick & Lockhart Nicholson Graham LLP
(Firm/Company)

One Newark Center, Tenth Floor
(Address)

Newark, New Jersey 07102-5252
(City/State and Zip code)

For further information concerning this matter, please call:

Eileen M. Gray at (973) 848-4039
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

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**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. Progressive Health Supply & Source Corp.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

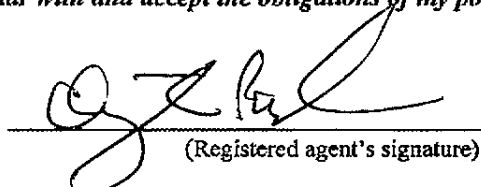
Progressive Health Supply and Source Corp.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. State of Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. October 28, 2005 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. c/o Kirkpatrick & Lockhart Nicholson Graham LLP, One Newark Center, 10th Fl, Newark, NJ
(Principal office address) 07102

c/o Kirkpatrick & Lockhart Nicholson Graham LLP, One Newark Center, 10th Fl, Newark, NJ
(Current mailing address) 07102
8. For any and all business as may be permitted under the Florida Business Corporation Act.
(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: Clayton E. Parker, Esq.
Kirkpatrick & Lockhart Nicholson Graham LLP
Office Address: Miami Center, 20th Floor
201 South Biscayne Blvd., Miami, Florida 33131
(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.


(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:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Robert Nawy

Address: 33 Laurel Brook Road

Lincroft, New Jersey 07738

Director: LanFen Nawy

Address: 33 Laurel Brook Road

Lincroft, New Jersey 07738

B. OFFICERS

President: Lanfen Nawy

Address: 33 Laurel Brook Road

Lincroft, New Jersey 07738

Vice President: Robert Nawy

Address: 33 Laurel Brook Road

Lincroft, New Jersey 07738

Secretary: Robert Nawy

Address: 33 Laurel Brook Road, Lincroft, New Jersey 07738

Treasurer: Lanfen Nawy

Address: 33 Laurel Brook Road, Lincroft, New Jersey 07738

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. Lanfen Nawy, President

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

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TALLAHASSEE, FLORIDA

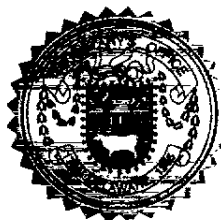
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Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROGRESSIVE HEALTH SUPPLY & SOURCE CORP." 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 FOURTH DAY OF NOVEMBER, A.D. 2005.



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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4277169

DATE: 11-04-05