

F000000002734

TRANSMITTAL LETTER

To: Registration Section  
Division of Corporations

SUBJECT: Supreme Medical Fulfillment Systems, Inc.  
(Name of corporation - must include suffix)  
00045 -

Dear Sir or Madam: 00789-00523-00624-00671

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:

Tony Mason  
(Name of Person)

W-11707  
500003228705--9  
-04/28/00--01056--012  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

Supreme Medical  
(Firm/Company)

MJH

7871 TANNER Williams  
(Address)  
(P.O. Box 850266)  
Mobile, AL 36685  
(City/State/Zip) 36608

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

Tony Mason at (334) 633 8411  
(Name of Person) (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

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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 4, 2000

TONY MASON  
SUPREME MEDICAL  
P.O. BOX 850266  
MOBILE, AL 36685

SUBJECT: SUPREME MEDICAL FULFILLMENT SYSTEMS, INC.  
Ref. Number: W00000011707

We have received your document for SUPREME MEDICAL FULFILLMENT SYSTEMS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The entity's date of incorporation/organization must be listed in the document.

The document must have original signatures.

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) 487-6967.

Michelle Hodges  
Document Specialist

Letter Number: 600A00024838

**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. SUPREME MEDICAL FULFILLMENT SYSTEMS, 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. ALABAMA 3. 721352313  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1-17-97 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. a. 7071 TANNER Williams, Mobile, AL, 36608  
(Principal office address)
- b. P.O. 850266 Mobile AL 36685  
(Current mailing address)
8. WHOLESALE DISTRIBUTION OF MEDICAL SUPPLIES  
(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: LORI GONZALEZ

Office Address: 6815 Tidewater Dr.  
NAVARRE FL., Florida 32566  
(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.*

Lori Gonzalez Lori Gonzalez  
(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.

COMMIT 15 AM 9:38

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

A. DIRECTORS

Chairman: TONY MASON

Address: P.O. 850266 Mobile AL 36685

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: TONY MASON

Address: P.O. 850266 Mobile AL 36685

Vice President: JERRI MASON

Address: P.O. 850266 Mobile AL 36685

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

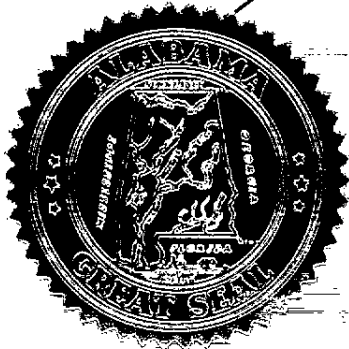
13. Tony Mason Jerry Mason  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Tony Mason Pres/CEO  
(Typed or printed name and capacity of person signing application)

# STATE OF ALABAMA

I, Jim Bennett, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporation records on file in this office disclose that Supreme Medical Fulfillment Systems, Inc. incorporated in Mobile County, Mobile, Alabama on January 17, 1997. I further certify that the records do not disclose that said Supreme Medical Fulfillment Systems, Inc. has been dissolved.



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

April 14, 2000

Date

A handwritten signature in cursive script that reads 'Jim Bennett'.

Jim Bennett

Secretary of State