

F00000005557

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

MJH

SUBJECT: COMPREHENSIVE EQUIPMENT MANAGEMENT CORPORATION
(Name of corporation - must include suffix)

Dear Sir or Madam:

000003412000--6
-10/03/00--01008--005
*****78.75 *****78.75

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:

WALTER BARRIONUEVO

(Name of Person)

COMPREHENSIVE EQUIPMENT MANAGEMENT CORP

(Firm/Company)

5450 COUNTY ROAD 581

(Address)

WESLEY CHAPEL FL 33545

(City/State/Zip)

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

GREGG LYNCH

(Name of Person)

at (352) 567-5618

(Area Code & Daytime Telephone Number)

00 OCT -2 PM 2:47

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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:

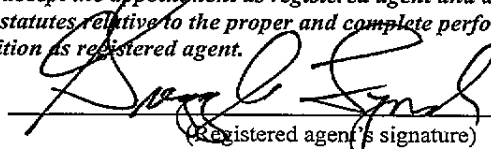
- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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. COMPREHENSIVE EQUIPMENT MANAGEMENT CORPORATION
(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. MISSOURI 3. 43-1784109
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. JUNE 11, 1997 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. NONE YET BUT ANTICIPATED
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 5450 COUNTY ROAD 581
WESLEY CHAPEL FL 33543
(Current mailing address)
8. Medical equipment management and all legal acts permitted general and business corporations.
(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: GREGG A. LYNCH
Office Address: 14144 SIXTH STREET
DADE CITY FL 33525, Florida, 33525
(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 addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT -2 PM 2:47

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

Chairman: Walter Barrionuevo

Address: 5450 COUNTY RD 581
WESLEY CHAPEL FL 33543

Vice Chairman: Mark Leasure

Address: 424 SUNSET LAKE RD
STANFIELD NC 28163

Director: Polly Hostetter

Address: 800 W. WASHINGTON
WAVERLY MO 64096

Director: _____

Address: _____

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

President: WALTER BARRIONUEVO

Address: 5450 COUNTY RD 581
WESLEY CHAPEL FL 33543

Vice President: MARK LEASURE

Address: 424 SUNSET LAKE RD
STANFIELD NC 28163

Secretary: POLLY HOSTETTER

Address: 800 W. WASHINGTON
WAVERLY MO 64096

Treasurer: POLLY HOSTETTER

Address: 800 W. WASHINGTON
WAVERLY MO 64096

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

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

14. WALTER BARRIONUEVO, PRESIDENT
(Typed or printed name and capacity of person signing application)

No. 00442382

STATE OF MISSOURI



Rebecca McDowell Cook
Secretary of State

CORPORATION DIVISION

CERTIFICATE OF CORPORATE GOOD STANDING

I, REBECCA McDOWELL COOK, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

COMPREHENSIVE EQUIPMENT MANAGEMENT CORPORATION

was incorporated under the laws of this State on the 11th day of JUNE, 1997, 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 11th day of SEPTEMBER, 2000.

Rebecca McDowell Cook
Secretary of State

