

6.
FO2000000177
TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All South Services 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:

STEVEN M. SHIFLETT 600004742856--4
(Name of Person) -12/28/01--01067--001
*****78.75 *****78.75

All South Services Inc.
(Firm/Company) W02-14

P O Box 241201
(Address)

Montgomery, AL 36124-1201
(City/State and Zip code)

For further information concerning this matter, please call:

Steve Shiflett at (334) 272-2012
(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

02 JAN 11 AM 1:15
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
- 1/11



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

January 2, 2002

STEVEN M. SHIFLETT
PO BOX 241201
MONTGOMERY, AL 36124-1201

SUBJECT: ALLSOUTH SERVICES, INC.
Ref. Number: W02000000014

We have received your document for ALLSOUTH SERVICES, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION to the DOCUMENT SPECIALIST indicated.

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) 245-6097.

Michael Mays
Document Specialist

Letter Number: 502A00000017

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RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned Steven m Shiflett, do hereby certify
(Name)

that this Resolution of the Board of Directors of All South Services Inc.

(Corporate Name)

a corporation duly organized and existing under the laws of the State of Alabama

was duly adopted on 2-2-1997

Be it resolved, that All South Services Inc.

(Corporate Name)

organized and existing in the State of Alabama, hereby adopts the name

All South Medical Supply, Inc. for use in Florida.

Dated: 1-2-02

Shm m Shiflett

Signature of either Chairman, Vice Chairman or any officer

Steven m. Shiflett

Type or print name

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

**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. ALL SOUTH SERVICES, 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. 72-1353651
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 2/13/97 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. 630 OLIVER ROAD, SUITE E, MONTGOMERY, AL 36117
(Principal office address)
P O BOX 241201, MONTGOMERY, AL 36124-1201
(Current mailing address)

8. RETAIL SALE 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: DAVID D. WHITMAN

Office Address: 1035 SOUTH FLA. AVE SUITE 145
LAKELAND, Florida 33803
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.

David D. Whitman
(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: Steven M. Shiflett

Address: 6507 Eastwood Glen Dr.
Montgomery, Az 361107

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Steven M. Shiflett

Address: 6507 Eastwood Glen Dr
Montgomery, Az 361107

Vice President: _____

Address: _____

Secretary: Jeffrey S. Shiflett

Address: 7584 Pinnacle Pt., Montgomery, Az 36116

Treasurer: Jeffrey S. Shiflett

Address: 7584 Pinnacle Pt., Montgomery, Az 36116

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TALLAHASSEE, FLORIDA

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

13. X Steven M. Shiflett

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

14. Steven M. Shiflett, Chairman

(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 pursuant to the provisions of Section 10-2B-4.02, Code of Alabama 1975, and upon an examination of the corporation records on file in this office, the following corporate name is reserved as available:

All South Services, Inc.

This domestic corporation name is proposed to be incorporated in Montgomery County and is for the exclusive use of Ernest CPA Sievers, P O Box 230531, Montgomery, AL 36123-0531 for a period of one hundred twenty days beginning February 7, 1997 and expiring June 8, 1997.

Federal I.d. # 72-13-53-651
State I.d. # 51-27-540



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.

February 7, 1997

Date

Jim Bennett

Jim Bennett

Secretary of State

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02 JAN 11 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA