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TRANSMITTAL LETTER

TO:

	Registration Sec Division of Corp					
SUBJE	CT: Amer	(Name	<u>Arpor</u> ≤ of corporation	n - must include suffir	ι)	
Dear Sir	or Madam:					
"Certific		", and check are s		Authorization to Transegister the above refer		
Please re	eturn all correspo	ondence concernin	g this matter	to the following:		
\mathcal{O}	ist. The	Corpore				
	i		(Name of	Person)	-	Q Z.
Am	reriMed	Corpore	ation			3 55
	,	,	(Firm/Co	npany)		- R
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De	guer, Co	80221		nd Zip code)		9: 53
	•	-	(City/State a	nd Zip code)		
For furth	ner information o	concerning this ma	tter, please c	all:		
M:	Sty Thom (Name of Person	<u>psen</u> a	t (<u>(303</u> (Area ())	Rohone Number)	
Registration Division 409 E. G	T ADDRESS: tion Section of Corporations Gaines St. ssee, FL 32399	;		MAILING ADDRE Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323	ions	
Enclosed	d is a check for th	he following amou	ınt:			
☐ \$70.0 -	00 Filing Fee	S78.75 Filing Certificate of		\$78.75 Filing Fee & Certified Copy	\$87.50 Filin Certificate Certified Ce	of Status &



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 5, 2003

MISTY THOMPSEN AMERIMED CORPORATION 6850 N. BROADWAY #B DENVER, CO 80221

SUBJECT: AMERIMED CORPORATION

Ref. Number: W03000022043

We have received your document for AMERIMED CORPORATION and your check(s) totaling \$87.50. 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 of the DOCUMENT SPECIALIST indicated.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please note that this adopted name is for use in Florida only, and does not affect your filing in Colorado in any way. You may wish to call the number below to check any name you'd like to adopt.

Please return 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) 245-6958.

Lee Rivers Document Specialist SING 18 AM 9: 53

Letter Number: 703A00044824

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned Mary Ella Lloung (Name)	, do hereby certify
that this Resolution of the Board of Directors of	
AmeriMed Corporation (Corporate Name)	
a corporation duly organized and existing under the laws of the State of	_
was duly adopted on January 10 Be it resolved, that Ameri Med Corporation (Corporate Name)	. 1994
(Corporate Name) organized and existing in the State of	reby adopts the name
AmeriMed International, Inc.	for use in Florida.
Dated: 8/15/03 Signature of either Chairman, Vice Chairman or any Dary Elle Javos Type or print name)	DIVISION OF CORPORATION OF AUG 18 AM 9:53

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

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. Amer	Med Cornor	NCORPORATED", "COMPANY", "CO	
words or abbrev	ration; must include the word "I iations of like import in languas r partnership if not so contained	ge as will clearly indicate that it is a corpor	RPORATION" or ration instead of a
2. Color	under the law of which it is inc	3. <u>84-13715</u> orporated) (FEI number)	85
4	11994	5. Perpeta (Duration: Year corp. w	19
(Date	e of incorporation)	(Duration: Year corp. w	ill cease to exist or "perpetual")
6.	5/1/03		
	(SEE SECT)	poration has not transacted business in Flo IONS 607.1501, 607.1502 and 817.155, F	(.S.)
7. 182	8 nw 82 rd	Ave Miami, cipal office address) #R Denver, Co 80 ent mailing address)	FL 331210 =
	(Princ	cipal office address)	<u> </u>
<u>6850</u>	n. Broadway	B Denver, Co &c	1887
-	(Curr	ent mailing address)	<u> </u>
			₩ (A)
8. Whol	esale Distr	: bution nome state or country to be carried out in s	
(Purpose(s	s) of corporation authorized in h	nome state or country to be carried out in s	
9. Name and str	<u>eet address</u> of Florida regis	stered agent: (P.O. Box or Mail Drop	Box NOT acceptable)
Name:	Luis Hernon	dez (SAMUI CO	LYDEA TION)
	1878 UM 87 ₀	dhue	
Office Address:	109011111111111111111111111111111111111		
Office Address:	Miani	Florida 3310	10
Office Address:		, Florida 3312 (Zip co	10 ode)
10. Registered a	(City) gent's acceptance:	, Florida 3318 (Zip co	,
10. Registered a Having been nan designated in this further agree to c	(City) gent's acceptance: ned as registered agent and a gapplication, I hereby accep- comply with the provisions of	, Florida 33 o (Zip co de company), Florida of the all of the appointment as registered agents of all statutes relative to the proper and cobligations of my position as registered agents of the proper and cobligations of my position as registered.	ove stated corporation at the place t and agree to act in this capacity. I d complete performance of my
10. Registered a Having been nan designated in this further agree to c	(City) gent's acceptance: ned as registered agent and a gapplication, I hereby accep- comply with the provisions of	, Florida 3316 (Zip co to accept service of process for the ab of the appointment as registered agen of all statutes relative to the proper an	ove stated corporation at the place t and agree to act in this capacity. I d complete performance of my

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: ____ Address: ____ Address: _ **B. OFFICERS** Vice President: __ Address: __ Secretary: _ Treasurer: _ Address: _ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. Mary Ella Houng, President (Typed or printed name and capacity of person signing application)



STATE OF COLORADO

DEPARTMENT OF STATE CERTIFICATE

I, DONETTA DAVIDSON, Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

AMERIMED CORPORATION (Colorado CORPORATION) File # 19971004924

was filed in this office on January 13, 1997 and has complied with the applicable provisions of the laws of the State of Colorado and on this date is in good standing and authorized and competent to transact business or to conduct its affairs within this state.

Dated: May 21, 2003

For Validation:

Certificate ID: 667533

To validate this certificate, visit the following web site, enter this certificate ID, then follow the instructions displayed.

www.sos.state.co.us/ValidateCertificate

SECRETARY OF STATE

HVISION OF CORPORATIONS