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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

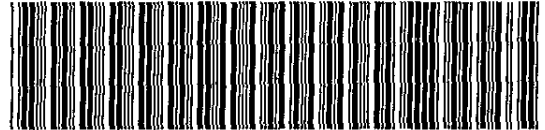
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W 09/10/04

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** D & D MARKETING, 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:

JO ANNE JENNINGS

(Name of Person)

FRIDAY, ELDREDGE & CLARK

(Firm/Company)

400 WEST CAPITOL, SUITE 2000

(Address)

LITTLE ROCK, ARKANSAS 72201

(City/State and Zip code)

For further information concerning this matter, please call:

JO ANNE JENNINGS

(Name of Person)

at (501) 370-1594

(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

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. D & D MARKETING. INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

D & D Medical Equipment and Supplies Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. ARKANSAS 3. 20-0779726  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. FEBRUARY 23, 2004 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1212 SOUTH MAIN STREET, CABOT, ARKANSAS 72023  
(Principal office address)

(Current mailing address)

8. sale and lease of durable medical equipment  
(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: MIKE EDEN

Office Address: 3408 SKY SAIL PLACE

TAMPA, Florida 33607  
(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.*

By: ✓ Mike Eden  
(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: N/A

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

Vice Chairman: N/A

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

Director: DAVID WOOSLEY

Address: 1212 SOUTH MAIN STREET

CABOT, ARKANSAS 72023

Director: DAVID VANN

Address: 1212 SOUTH MAIN STREET

CABOT, ARKANSAS 72023

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**B. OFFICERS**

President: DAVID WOOSLEY

Address: 1212 SOUTH MAIN STREET

CABOT

Vice President: DAVID VANN

Address: 1212 SOUTH MAIN STREET

CABOT, ARKANSAS 72023

Secretary: DAVID VANN

Address: 1212 SOUTH MAIN STREET

Treasurer: N/A

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

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

13. ✓ David Woosley, President  
(Signature of Director or Officer listed in number 12 of the application)

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



# Arkansas Secretary of State Charlie Daniels

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501.682.3409

## CERTIFICATE OF GOOD STANDING

I, Charlie Daniels, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

### D & D MARKETING INC

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office February 23, 2004.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.

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In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 30th day of August 2004.

*Charlie Daniels*

Charlie Daniels  
Secretary of State

By: *J Butler*  
JButler