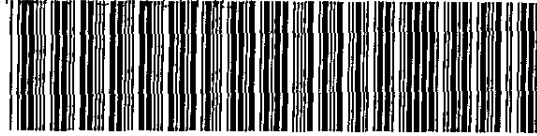


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2005 APR -6 P 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

**FILED**

**TO:** Registration Section  
Division of Corporations

2005 APR -6 P 2:51

**SUBJECT:** Aero-Med LTD Co.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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:

Daniel J. Pandiscia

(Name of Person)

Aero-Med LTD

(Firm/Company)

85 Commerce Street, P.O. Box 151

(Address)

Glastonbury, CT 06033

(City/State and Zip code)

For further information concerning this matter, please call:

Daniel J. Pandiscia

(Name of Person)

at ( 860 ) 659-0602 ext. 211

(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:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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.

**FILED**

2005 APR -6 P 2:51

TALLAHASSEE, FLORIDA

1. Aero-Med LTD Co.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "LTD," "CO., LTD," "INC., LTD," "CO., INC.," "CORP., LTD," "CORP., INC.," "CORP.," "INC.," "CO.," or "CORP.")

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

2. Connecticut

(State or country under the law of which it is incorporated)

3. 06-1132462

(FEI number, if applicable)

4. February 1985

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Estimated April 26, 2005

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

7. 85 Commerce Street Glastonbury, CT 06033

(Principal office address)

P.O. Box 151 Glastonbury, CT 06033

(Current mailing address)

8. 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 NOT acceptable)

Name: Michael D. Smith

Office Address: 13136 95th Street North

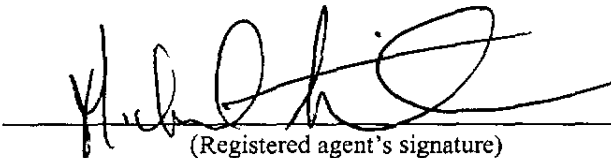
Largo, Florida 33733

(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.*

  
(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: Daniel A. DelMastro

Address: 85 Commerce Street, P.O. Box 151

Glastonbury, CT 06033

Vice Chairman: Daniel J. Pandiscia

Address: 85 Commerce Street, P.O. Box 151

Glastonbury, CT 06033

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

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

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

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

**B. OFFICERS**

President: Daniel A. DelMastro

Address: 85 Commerce Street, P.O. Box 151

Glastonbury, CT 06033

Vice President: Daniel J. Pandiscia

Address: 85 Commerce Street, P.O. Box 151

Glastonbury, CT 06033

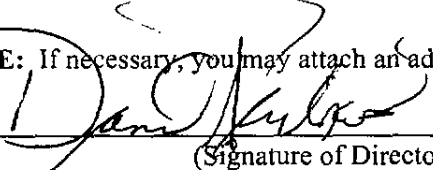
Secretary: Daniel J. Pandiscia

Address: 85 Commerce Street, P.O. Box 151, Glastonbury, CT 06033

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

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

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

13.   
(Signature of Director or Officer listed in number 12 of the application)

14. Daniel J. Pandiscia, Vice President  
(Typed or printed name and capacity of person signing application)

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State,  
and keeper of the seal thereof, DO HEREBY CERTIFY, that

AERO-MED, LTD.

a STOCK corporation under the Connecticut General Statutes was filed  
in this office on February 27, 1985.

Insofar as the records of this office reveal, the corporation is in  
existence.



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Secretary of the State

Date Issued: March 24, 2005

CERTIFICATE OF INCORPORATION  
STOCK CORPORATION

61-6 REV. 9-72

STATE OF CONNECTICUT  
SECRETARY OF THE STATE

For office use only
ACCOUNT NO.
INITIALS <i>GP</i>

The undersigned incorporator(s) hereby form(s) a corporation under the Stock Corporation Act of the State of Connecticut:

1. The name of the corporation is AERO-MED, LTD.
2. The nature of the business to be transacted, or the purposes to be promoted or carried out by the corporation, are as follows:

To engage in any lawful act or activity for which corporations may be formed under Chapter 599, Connecticut General Statutes, Revision of 1958, as amended.

(Continued)

- 3 The designation of each class of shares, the authorized number of shares of each such class, and the par value (if any) of each share thereof are as follows:

All common; 5,000 shares authorized; \$1.00 par value.

4. The terms, limitations and relative rights and preferences of each class of shares and series thereof (if any), or an express grant of authority to the board of directors pursuant to Section 33-341, 1959 Supp. Conn. G.S., are as follows:

None.

5. The minimum amount of stated capital with which the corporation shall commence business is  
Two Thousand & No/100 (\$2,000.00) dollars. (Not less than one thousand dollars)

6. (7) - Other provisions

None.

Dated at East Hartford this 18th day of February, 1985

I/We hereby declare, under the penalties of false statement, that the statements made in the foregoing certificate are true.

This certificate of incorporation must be signed by one or more incorporators.

NAME OF INCORPORATOR (Print or Type) 1. Gordon F. (Leone) Jr.	NAME OF INCORPORATOR (Print or Type) 2. Daniel A. DeMastro	NAME OF INCORPORATOR (Print or Type) 3.
SIGNED (Incorporator) <i>[Signature]</i>	SIGNED (Incorporator) <i>[Signature]</i>	SIGNED (Incorporator) 2.
NAME OF INCORPORATOR (Print or Type) 4.	NAME OF INCORPORATOR (Print or Type) 5.	NAME OF INCORPORATOR (Print or Type) 6.
SIGNED (Incorporator) 4.	SIGNED (Incorporator) 5.	SIGNED (Incorporator) 6.

FOR OFFICE USE ONLY	<b>FILED</b> STATE OF CONNECTICUT FEB 27 1985 <i>[Signature]</i>	FRANCHISE FEE \$ 50	FILING FEE \$ 30	CERTIFICATION FEE \$ 9	TOTAL FEES \$ 89 (124)	
		SIGNED For Secretary of the State <i>[Signature]</i> 5-20-85 350/A				
		CERTIFIED COPY SENT ON (Date) <i>[Signature]</i> 5-20-85				
		INITIALS <i>[Signature]</i>				
CITY East Hartford		COUNTY Hartford		PROOF		

**APPOINTMENT OF STATUTORY AGENT FOR SERVICE**  
**DOMESTIC CORPORATION**  
 61-6 REV. 6-66

for office use only
ACCOUNT NO.
INITIALS

**TO: The Secretary of the State of Connecticut**

NAME OF CORPORATION  
**AERO-MED, LTD.**

**APPOINTMENT**

The above corporation appoints as its statutory agent for service, one of the following

NAME OF NATURAL PERSON WHO IS RESIDENT OF CONNECTICUT	BUSINESS ADDRESS	ZIP CODE
Gordon F. Leone, Jr.	349 Naubuc Avenue, Glastonbury CT	06033
	RESIDENCE ADDRESS	ZIP CODE
	203 Wassuc Road, Glastonbury CT	06033
NAME OF CONNECTICUT CORPORATION	ADDRESS OF PRINCIPAL OFFICE IN CONN. (If none, enter address of appointee's statutory agent for service)	
AERO-MED, LTD.	349 Naubuc Avenue, Glastonbury CT 06033	
NAME OF CORPORATION not Organized Under the laws of Conn.	ADDRESS OF PRINCIPAL OFFICE IN CONN. (If none, enter "Secretary of the State of Connecticut")	

\*Which has procured a Certificate of Authority to transact business & conduct affairs in this state

		<b>AUTHORIZATION</b>		
ORIGINAL APPOINTMENT	NAME OF INCORPORATOR (Print or type)	SIGNED (Incorporator)	DATE	February 18, 1985
	Gordon F. Leone, Jr.	<i>[Signature]</i>		
	NAME OF INCORPORATOR (Print or type)	SIGNED (Incorporator)		
SUBSEQUENT APPOINTMENT	Daniel A. DelMastro	<i>[Signature]</i>		
	NAME OF INCORPORATOR (Print or type)	SIGNED (Incorporator)		
	NAME OF PRESIDENT, VICE PRESIDENT, OR SEC	SIGNED (President or Vice President or Secretary)		

<b>Signed</b>		<b>ACCEPTANCE</b>
Accepted	STATUTORY AGENT FOR SERVICE (Print or type)	PROVIDE (Statutory Agent for service)
	<i>[Signature]</i>	Gordon F. Leone, Jr.

For office use only	<b>FILED</b> <b>STATE OF CONNECTICUT</b> <b>FEB 27 1985</b> <i>[Signature]</i> <i>[Stamp]</i>	FILING FEE	CERTIFICATION FEE	TOTAL FEE
		\$	\$	\$
		SIGNED (For Secretary of the State)		
		CERTIFIED COPY SENT ON (Date)	INITIALS	
		TO		
	CARD	LIST	PROOF	