F0500000 2222

| (Req | uestor's Name) | |
|----------------------------|----------------|-------------|
| (Add | ress) | |
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| (City) | State/Zip/Phon | e#) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | ness Entity Na | me) |
| (Doct | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Fi | ling Officer: | |
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Office Use Only



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W05-16927 3. BRWAN APR - 4 2005

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TRANSMITTAL LETTER

| | istration Section sion of Corporations | | | |
|-----------------------------|--|-------------------------------|--|--|
| SUBJECT | Diabetic Supplies, I | nc. | | |
| 2020201 | | | oration - must include suffix) | |
| Dear Sir or l | Madam: | | | |
| "Certificate | | | n for Authorization to Transa I to register the above refere | |
| Please return | all correspondence co | oncerning this n | natter to the following: | |
| Genia Trakh | tenberg | | | |
| , | | (Nar | ne of Person) | ilian and and an and an |
| Unlimited Di | abetic Supplies, Corp. | | | 1000 |
| | | (Firm | n/Company) | 2005 APR 1 |
| 2200 NW B | oca Raton Blvd., Suite | 219 | | 是 三 三 |
| | , od t dator prvdi, od to | | Address) | Stora in |
| Bose Deten | EL 22424 | ` | , | 元 20 |
| Boca Raton | FL 33431 | (City/S | tate and Zip code) | FOR F. |
| | | (Chyro | and sip code) | 1 A A A A A A A A A A A A A A A A A A A |
| For further i | nformation concerning | this matter, ple | ase call: | - W |
| Genia Trakh | tenberg | at (561 | 392-2018 | |
| (Na | me of Person) | (A | rea Code & Daytime Teleph | none Number) |
| Reg Divi 409 Tall: | EET ADDRESS: Istration Section sion of Corporations E. Gaines St. hassee, FL 32399 | | MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F | Section orporations 7 |
| Enclosed is a | check for the following | ng amount: | | |
| Ø \$70.00 Fi | | Filing Fee & action of Status | ☐ \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certificate of Status & Certified Copy |



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 4, 2005

GENIA TRAKHTENBERG UNLIMITED DIABETIC SUPPLIES, CORP. 2200 NW BOCA RATON BLVD., SUITE 219 BOCA RATON, FL 33431

SUBJECT: DIABETIC SUPPLIES, INC.

Ref. Number: W05000016927

We have received your document for DIABETIC SUPPLIES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

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

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) 245-6043.

Letter Number: 205A00022715

Joey Bryan Document Specialist MIS ARA 1 PA W. L. T

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| Diabetic Supp | olies, Inc. | مينية المستخدم المست المستخدم المستخدم ا | |
|---|--|---|-----------------------|
| (Enter name of "Inc.," "Co.," " | corporation; must include "INCORPORATI Corp," "Inc," "Co," or "Corp.") | ED," "COMPANY," "CORPORATION," | TO THE TOP CONTROLLED |
| - | plies, Inc. of Ohio | Ţ. | ۱۳۶۸ مرت |
| (If name unava | ilable in Florida, enter alternate corporate na | me adopted for the purpose of transacting business in F | lorida) |
| Ohio | | 3, 37-1434789 | 300 |
| (State or country | under the law of which it is incorporated) | (FEI number, if applicable) | |
| June 18, 200 | 2 | 5. perpetual | |
| (Dai | te of incorporation) | (Duration: Year corp. will cease to exist or "perpe | tuai") |
| (24 | | • | , |
| N/A | (Date first transacted busine (SEE SECTIONS 607.1501 & 60 | ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability) | |
| N/A 2696 Sawbury | (Date first transacted busine (SEE SECTIONS 607.1501 & 60 Blvd.; Columbus, OH 43235 (Principal office Blvd.; Columbus, OH 43235 | 7.1502, F.S., to determine penalty liability) | |
| N/A 2696 Sawbury | (Date first transacted busine (SEE SECTIONS 607.1501 & 60 Blvd.; Columbus, OH 43235 (Principal office | 7.1502, F.S., to determine penalty liability) | |
| N/A 2696 Sawbury 2696 Sawbury | (Date first transacted busine (SEE SECTIONS 607.1501 & 60 Blvd.; Columbus, OH 43235 (Principal office Blvd.; Columbus, OH 43235 | 7.1502, F.S., to determine penalty liability) | |
| N/A 2696 Sawbury 2696 Sawbury using services | (Date first transacted busine (SEE SECTIONS 607.1501 & 60 Blvd.; Columbus, OH 43235 (Principal office Blvd.; Columbus, OH 43235 (Current mailing | 7.1502, F.S., to determine penalty liability) | |
| 2696 Sawbury 2696 Sawbury using services (Purpose | (Date first transacted busine (SEE SECTIONS 607.1501 & 60 Blvd.; Columbus, OH 43235 (Principal office Blvd.; Columbus, OH 43235 (Current mailing | 7.1502, F.S., to determine penalty liability) address) country to be carried out in state of Florida) | |
| 2696 Sawbury 2696 Sawbury using services (Purpose | (Date first transacted busine (SEE SECTIONS 607.1501 & 60 Blvd.; Columbus, OH 43235 (Principal office Blvd.; Columbus, OH 43235 (Current mailing from a Florida corporation (s) of corporation authorized in home state of | 7.1502, F.S., to determine penalty liability) address) country to be carried out in state of Florida) | |
| 2696 Sawbury 2696 Sawbury using services (Purpose Name and street | (Date first transacted busine (SEE SECTIONS 607.1501 & 60 Blvd.; Columbus, OH 43235 (Principal office Blvd.; Columbus, OH 43235 (Current mailing from a Florida corporation (s) of corporation authorized in home state of the est address of Florida registered agent: (| ddress) country to be carried out in state of Florida) P.O. Box NOT acceptable) | |
| 2696 Sawbury 2696 Sawbury using services (Purpose | (Date first transacted busine (SEE SECTIONS 607.1501 & 60 Blvd.; Columbus, OH 43235 (Principal office Blvd.; Columbus, OH 43235 (Current mailing Grom a Florida corporation (s) of corporation authorized in home state of the eat address of Florida registered agent: (Genia Trakhtenberg | ddress) country to be carried out in state of Florida) P.O. Box NOT acceptable) | |

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.

- 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. DIRI | ECTORS | | | | | | |
|--------------------|--|---------------------------------------|---|----------------------|--|-----------------|----------|
| Chairman | : N/A | <u> </u> | | | | | |
| Address: | | | | | | | |
| | , | 5 (2) CF | | , , | <u>.</u> . | | |
| Vice Cha | irman: N/A | | X <u>.</u> | . 4 | . • | | |
| Address: | | | | • •, • | *** | | |
| Audioss. | | · · · · · · · · · · · · · · · · · · · | | - ; - ; - | F. 2 | 19 8 | |
| Director: | N/A | | | ¥1 | | LG B | 77 |
| | | | | | - <u>-</u> - | 25.00 - | m, |
| , 10-1000 | | | | · · · · · · | | 17.25 T | F |
| Director: | N/A | · · · · · · · · · · · · · · · · · · · | | -E | <u>* </u> | OR THE | <u> </u> |
| Address: | | | • | · • | | DE. | |
| | | . 64 | | | | | |
| B. OFF | ICERS | | | | , 7 ± 1 ± 1 ± 1 ± 1 ± 1 ± 1 ± 1 ± 1 ± 1 ± | | |
| President | Ben Trakhtenberg | | | | | | |
| | 2245 Riverside Drive, Apt. 206 | | | | edenic s | | |
| | Columbus, OH 43221 | | | | et - | | |
| Vice Pres | ident: Genia Trakhtenberg | · · · · · · · · · · · · · · · · · · | | <u> </u> | · · · · · · · · · · · · · · · · · · · | | |
| Address: | 2200 NW Boca Raton Blvd., Suite 219 |) | | | | | |
| | Boca Raton, FL 33431 | | · | | | | <u> </u> |
| Secretary | : <u>N/A</u> | | - · · · · · · · · · · · · · · · · · · · | | · | | |
| Address: | | | 4 | | | | |
| Treasurer | : <u>N/A</u> | | | | | | |
| Address: | | | | | * , | | |
| NOTE: 13 | If necessary, you may attach an addend | dum to the app | lication listin | | al officers an | d/or directors. | |
| | (Signature of Director or | Officer listed | in number 12 | of the app | lication) | | |
| 14. <u>Ger</u> | ia Trakhtenberg, Vice-President | | | | | <u></u> | |
| | (Typed or printed name | and capacity | of person sign | ning applic | cation) | | |

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show DIABETIC SUPPLIES, INC., an Ohio Corporation, Charter No. 1325301, having its principal location in Columbus, County of Franklin, was incorporated on June 18, 2002, and is currently in GOOD STANDING upon the records of this office.





Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 9th day of March, A.D. 2005.

Ohio Secretary of State

Validation Number: 200506702322