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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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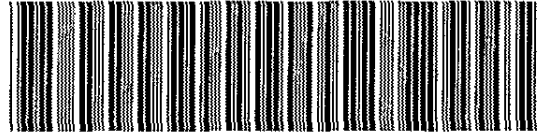
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CB 9-12-06

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Key Diabetes Supply Co
(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:

Inga Lewis
(Name of Person)
Key Diabetes Supply Co
(Firm/Company)
PO Box 27626, Richmond
(Address)
Richmond Va 23261
(City/State and Zip code)

For further information concerning this matter, please call:

Inga Lewis at (804) 723-7568
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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

**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. Key Diabetes Supply Co
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. Michigan 3. 75-3060357
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/05/02 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 607 Highway 466, Lady Lake, FL 32159-3721
(Principal office address)

PO Box 27626, Richmond, VA 23261
(Current mailing address)

8. mail order for diabetic 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: NRAI Services Inc

Office Address: 2731 Executive Park Dr, Ste 4

Wetson, Florida 33331
(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.

M Ferdinand

(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.

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CLERK OF STATE
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

(see attached)

A. DIRECTORS

Chairman:

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President:

Address:

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

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TALLAHASSEE, FLORIDA

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.

(Typed or printed name and capacity of person signing application)

KEY DIABETES SUPPLY, CO.

State of incorporation: Michigan

Date of Incorporation: 06/05/02

Tax ID: 75-3060357

Registered Agent:

_____ shares authorized

Directors:

Craig R. Smith - Chairman

Grace R. den Hartog

Jeffrey Kaczka

Charles C. Colpo

Officers:

Craig R. Smith

David A. Wallace

Timothy Stocksdales

Montgomery Byers

Charles C. Colpo

Grace R. den Hartog

Jeffrey Kaczka

Richard F. Bozard

Olwen B. Cape

Natalie Wargo

Chief Executive Officer

President

Executive Vice President

Executive Vice President

Senior Vice President, Operations & Technology

Senior Vice President, General Counsel &

Corporate Secretary

Senior Vice President, Chief Financial Officer

Vice President, Treasurer

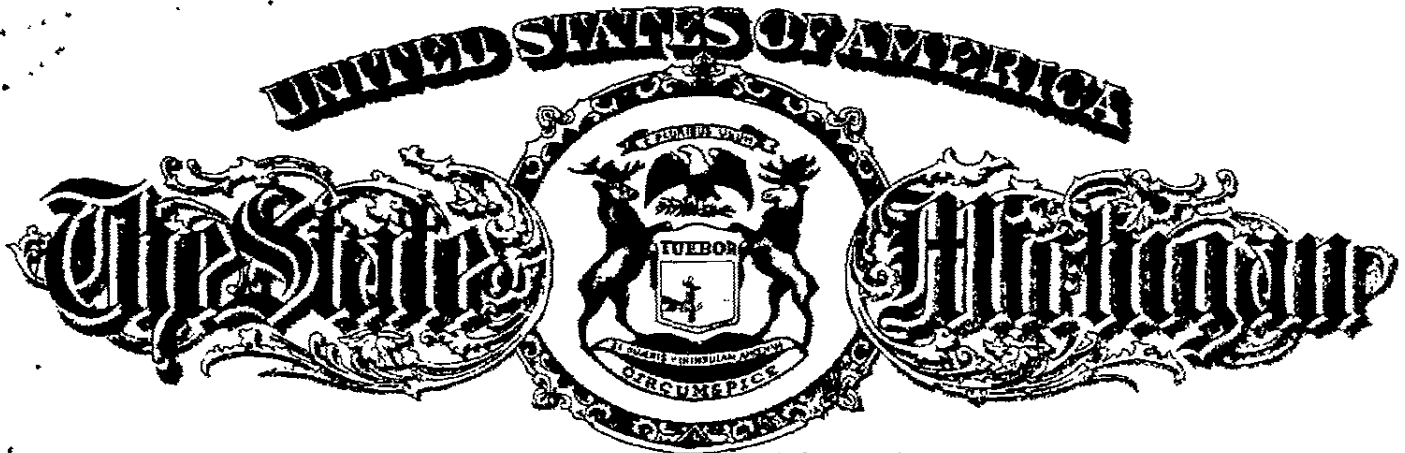
Vice President, Controller

Vice President, Tax

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Michigan Department of Labor & Economic Growth

Lansing, Michigan

This is to Certify That

KEY DIABETES SUPPLY CO.

was validly incorporated on June 5, 2002, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission
891949

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 28th day of August, 2006.

Andrew S. Mett, Director

Bureau of Commercial Services

OFFICE OF STATE
TREASURER
TALLAHASSEE, FLORIDA

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