F080000004140

(Requestor's Name)
(Address)
(Address)
(1807-555)
(O)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
•
(Document Number)
Certified Copies Certificates of Status
<u> </u>
Special Instructions to Filing Officer:

Office Use Only



900136081479

09/23/08--01021--010 **78.75

SECRETARY OF STATE

008 SEP 23 PM 4: 1

T. Burch SEP 23 2008

COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: SALUSAIR, INC.			
	oration - must include suffix)		
Dear Sir or Madam:			
	n for Authorization to Transact Business in Florida," d to register the above referenced foreign corporation to		
Please return all correspondence concerning this m	natter to the following:		
ROBERT D. FRAWLEY			
(Nar	ne of Person)		
LAW OFFICES OF ROBERT D. FRA	WLEY		
(Fire	n/Company)		
64 MAPLE AVENUE			
(Address)		
MORRISTOWN NJ 07924			
(City/S	tate and Zip code)		
For further information concerning this matter, ple	ase call:		
ROBERT D FRAWLEY at (97	73 451 1100		
	rea Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: New Filing Section	MAILING ADDRESS:		
Division of Corporations	New Filing Section Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, FL 32301	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 & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy		

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SALUSAIN	, INC.			2008	
(Enter name of co	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	ELASSER, FL	SEP 23 PM	FILED
(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting bus		o rii da)	•
DELAWAR	E 3.	26-3292987	177	2	
	under the law of which it is incorporated)	(FEI number, if applicabl	e)		<u>.</u>
SEPTEMBE	ER 17, 2008 5.	PERPETUAL			
(Date	of incorporation)	(Duration: Year corp. will cease to exist	or "perpet	tual")	
NA					
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)			
6709 TAED	A DRIVE, SARASOTA FL 3424	1			
	(Principal office add	ress)			
6709 TAED	A DRIVE, SARASOTA FL 3424	11			_
	(Current mailing add	ress)			
CALEGEN	ACDICAL COLUDAÇÃO				
	1EDICAL EQUIPMENT	ountry to be carried out in state of Florida)			
(Purpose(s) of corporation authorized in home state or co				
(Purpose(s	of corporation authorized in home state or contact address of Florida registered agent: (P.C.		<u></u>		
(Purpose(s) of corporation authorized in home state or co		7		
(Purpose(s Name and stree Name:	of corporation authorized in home state or contact address of Florida registered agent: (P.C.		- -		
(Purpose(s . Name and stree	of corporation authorized in home state or contact address of Florida registered agent: (P.C. ROBERT J. FLANNELLY				
(Purpose(s Name and stree Name:	of corporation authorized in home state or contact address of Florida registered agent: (P.C. ROBERT J. FLANNELLY 6709 TAEDA DRIVE). Box <u>NOT</u> acceptable)			

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. DIREC	CTORS			
Chairman: _				
Address:				
Vice Chairm	nan:	<u> </u>	2006	
Address:			SEP 2	7
	OBERT J. FLANNELLY	XIII	23 PM	- M
Director	709 TAEDA DRIVE	S ATE	+:	
/ tudi css	ARASOTA FL 34241	早用	-	
	HOMAS W. KENCH, SR.			
6	709 TAEDA DRIVE			
Address	ARASOTA FL 34241		<u> </u>	<u></u>
D OFFICE	PDG			
B. OFFICI	ROBERT J. FLANNELLY			
r resident.	709 TAEDA DRIVE			
	ARASOTA FL 34241			
Vice Preside	nt:			
Address:				
	CHOMAS W VENCH SD	<u></u>		<u></u>
/-	THOMAS W. KENCH, SR.			
· · · · · · · · · · · · · · · · · · ·	709 TAEDA DRIVE, SARASOTA FL 34241			
	ROBERT J. FLANNELLY	-		
Address: 6/	709 TAEDA DRIVE, SARASOTA FL 34241			-
NOTE: (fr	necessary you that attach an addendum to the application listing additional officers and/or dir	rectors.		
13.	Killet Illus			
•	(Signature of Director or Officer Hsted in number 12 of the application)			
UINUL	EDTIFIANNELLV DDECLDENT / /			

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

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SALUSAIR, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF SEPTEMBER, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SALUSAIR,

INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF SEPTEMBER, A.D.

2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

2000 SEP 23 PN 4: 15

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TAYS OF STATE OF STAT

Warriet Smith Windsor, Secretary of State

AUTHENTICATION: 6857277

DATE: 09-17-08

You may verify this certificate online at corp.delaware.gov/authver.shtml