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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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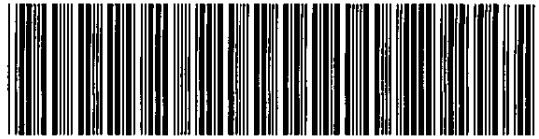
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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TO: New Filing Section
Division of Corporations

SUBJECT: Respiratory Technologies, 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:

Jim Mares

(Name of Person)

Respiratory Technologies, Inc.

(Firm/Company)

1380 Energy Lane Suite 113

(Address)

St. Paul, MN 55108

(City/State and Zip code)

For further information concerning this matter, please call:

Jim Mares

(Name of Person)

at (651) 379-8999

(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. Respiratory Technologies, Inc

(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. Minnesota

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

3. 77-0633673

(FEI number, if applicable)

4. 05/13/2004

(Date of incorporation)

5. perpetual

(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. 1380 Energy Lane Suite 113 St. Paul, MN 55108

(Principal office address)

1380 Energy Lane Suite 113 St. Paul, MN 55108

(Current mailing address)

8. Durable Medical Equipment manufacturer

(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 Dr. Suite 4**

Weston, Florida **33331**

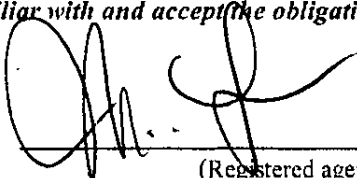
(City)

(Zip code)

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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)

Melissa Tomelden, Assist, Sec'y of NRAI Services

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:

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A. DIRECTORS

Chairman: K. James Ehlen

Address: 4221 Woodland Trail
Golden Valley, MN 55422

Vice Chairman: _____

Address: _____

Director: William Brown

Address: 7825 Washington Avenue Suite 500
Bloomington, MN 55439

Director: Robert Kincade

Address: 2550 University Avenue West Suite 180
South St. Paul, MN 55114

B. OFFICERS

President: K. James Ehlen

Address: 4221 Woodland Trail
Golden Valley, MN 55422

Vice President: _____

Address: _____

Secretary: Pamela K. Mertz

Address: 5887 Quale Avenue N.E. St. Michael, MN 55439

Treasurer: _____

Address: _____

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

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

14. K. James Ehlen
(Typed or printed name and capacity of person signing application)

State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: Respiratory Technologies, Inc.

Date Formed: 05/13/2004

Chapter Governed By: 302A

This certificate has been issued on 09/16/08.



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Mark Ritchie
Secretary of State.