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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

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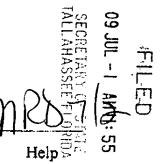
: (850)878-5368

FOREIGN PROFIT/NONPROFIT CORPORATION

Invacare Supply Group, Inc.

| Certificate of Status | . 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$70.00 |

Electronic Filing Menu Corporate Filing Menu



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.

| | oply Group, Inc. | | |
|--|---|--|--------------------|
| (Enter name of co | orporation; must include "INCORPORATED xp," "Inc," "Co," or "Corp.") | ," "COMPANY," "CORPORATION," | |
| | | | |
| (If name unequile | bly in Florida enter alternate composite some | adopted for the purpose of transacting business in Florida) | , |
| | • | - | |
| 2. Massachuse | inder the law of which it is incorporated) | 34-1852891 (FEI number, if applicable) | • |
| 4. December 16 | • • • | Perpetual | |
| | of incorporation) | (Duration: Year corp. will cease to exist or "perpetual") | • |
| 6. Upon qualific | | , | |
| 0. <u></u> | (Date first transacted business | in Florida, if prior to registration) 502, F.S., to determine penalty liability) | , |
| 7.9 INDUSTRIA | L ROAD MILFORD, MA 01757 | | |
| The second secon | (Principal office add | drese) | |
| 9 INDUSTRIA | AL ROAD MILFORD, MA 01757 | | _ |
| | (Current mailing add | dress) | |
| Onto of weards | | | |
| | cal products and supplies of corporation authorized in home state or o | country to be carried out in state of Plorida) | j |
| • • | · | · · | FILEU FILEU |
| | address of Florida registered agent: (P. | O. Box NOT acceptable) | = 7 |
| Name: | CT Corporation System | <u>—</u> | |
| Office Address: | 1200 South Pine Island Rd | | 2 - m |
| | Plantation | , Florida 33324 | 吊星に |
| | (City) | (Zip code) | (G) |
| 10. Registered ag | ent's acceptance: | ्रे ह | 造 35 |
| Having been name | ed as registered agent and to accept servi | ice of process for the above stated corporation at the | lace |
| designated in this of | application, I hereby accept the appoints mply with the provisions of all statutes s | ment as registered agent and agree to act in this capa relative to the proper and complete performance of m | ity. I o duties |
| and I am familiar | with and accept the ubligations of my po | esition as registered agent. | L most broad |
| | naling his | ρ | |
| | | | |
| | (Registered agent's signature) | | |
| | | | |
| 11. Attached is a contact the Department of S | ertificate of existence duly authenticated, State, by the Secretary of State or other o | , not more than 90 days prior to delivery of this applica fficial having custody of corporate records in the jurisc | tion to liction |

under the law of which it is incorporated.

FILED

| 12. Names and business addresses of officers and/or directors: | 09 JUL - I | AM II: 55 |
|---|---|---------------------------------------|
| A. DIRECTORS | • | ,,,,,,,, |
| Chairman: A. Malachi Mixon III, Sole Director | SECRETARY | CUT STATE EE FLORIDA |
| Address: One Invacare Way | | |
| Elyria OH 44035 | | |
| Vice Chairman: | | |
| Address: | | |
| | | |
| Director: | · · · · · · · · · · · · · · · · · · · | |
| Address: | | |
| | | ···· |
| Director: | | |
| Address: | | |
| | | · · · · · · · · · · · · · · · · · · · |
| B. OFFICERS | • | |
| President: Gerald B. Blouch | | |
| Address: One invacare Way | · · · · · · · · · · · · · · · · · · · | |
| Elvria OH 44035 | | |
| Vice President: Doug Harper | | |
| | · · · · — | |
| Milford NAA 01757 | • | |
| | · · · · · · | |
| Secretary: Dale C. LaPorte Address: One Invacare Way, Elyria OH 44035 | | |
| Treasurer: Robert K. Gudbranson | | |
| Address: One Invacare Way, Elyrla OH 44035 | | |
| Address: One interests truly, Cyric Oli 11000 | | |
| NOTE: If necessary you may attachan addendum to the application listing a | dditional officers and/ | or directors, See Attached |
| 13. / wel the | | |
| (Signature of Director or Officer listed in number 12 of | the application) | |
| 14. Paul Patruno, Assistant Treasurer and Clerk | g application) | |

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09 JUL - 1 AM 11: 55

ADDENDUM

SECRETARY OF STATE FALLAHASSEE FLORIDA

To APPLICATION BY FOREIGN CORPORATION FOR AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

INVACARE SUPPLY GROUP, INC.

| 2.B - OFFIC | ERS, continued | |
|-----------------|--------------------------------------|--|
| Assistant Secre | etary: Bradford J. Patrick | |
| Address: | One Invacare Way, Elyria, OH 44035 | |
| | | |
| Assistant Treas | surer and Clerk: Paul Patruno | |
| Address: | 9 Industrial Road, Milford, MA 01751 | |



The Gommonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

William Francis Galvin Secretary of the Commonwealth

June 26, 2009

TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office,

INVACARE SUPPLY GROUP, INC.

is a domestic corporation organized on December 16, 1997, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



Processed By: sam

In testimony of which, I have hereunto affixed the Great Seal of the Commonwealth on the date first above written.

Secretary of the Commonwealth

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