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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 Bush 001.12 2009

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Ardus Medical, 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," or "Certificate of Good Standing" 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:

Chris Karl

Name of Person

Ardus Medical, Inc.

Firm/Company

11297 Grooms Road

Address

Cincinnati, OH 45242

City/State and Zip code

CKarl@Ardusmedical.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Karl

Name of Person

at (513) 469-7867

Area Code & Daytime Telephone Number

Controller

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 Cop



\$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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. Ardus Medical, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

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

2. Ohio 3. 31-1631652
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2/01/1999 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. January 1, 2006
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, P.S., to determine penalty liability)

7. 11297 Grooms Road, Cincinnati, OH 45242
(Principal office address)

11297 Grooms Road, Cincinnati, OH 45242
(Current mailing address)

8. Sell, rent and service medical equipment to
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) health care organizations

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Kathryn H. Dugger, Ardus Medical, Inc.

Office Address: 3540 Waterfield Parkway
Lakeland, Florida 33803
(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.

Kathryn H. Dugger
(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.

See attached for record of existence
from State of Ohio.

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

A. DIRECTORS

Chairman: Troy J. Powell

Address: 11297 Grooms Road
Cincinnati, OH 45242

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: Troy J. Powell

Address: 11297 Grooms Road
Cincinnati, OH 45242

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. [Signature]

(Signature of Director or Officer listed in number 12 of the application)

14. Troy J. Powell, President

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

**United States of America
State of Ohio
Office of the Secretary of State**

I, Jennifer Brunner, 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 business entities; that said records show ARDUS MEDICAL, INC., an Ohio corporation, Charter No. 1058113, having its principal location in Cincinnati, County of Hamilton, was incorporated on February 01, 1999 and is currently in GOOD STANDING upon the records of this office.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 5th day of October, A.D. 2009*

A handwritten signature in cursive script, appearing to read "Jennifer Brunner".

Ohio Secretary of State