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SECRETARY OF STATE
ALL AHASSEF FLORIDA

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1114-10565

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Buysmart Medical Supply, Inc. aba Edevating System Name of corporation must include suffix & Services	ς	
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:		
Joe Williams		
Name of Person		
Buysmart Medical Supply, Inc		
Firm/Company		
3341 Towerwood Dr., Ste 203		
3341 Towerwood Dr., Ste 203 Address		
Farmers Branch, Tx 75234		
City/State and Zip code		
joe Celevatingsystems, com		
Legatings ystems, com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Doe Williams at (978) 243-5800		
Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: MAILING ADDRESS:		
New Filing Section Division of Corporations New Filing Section Division of Corporations		
•	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32314		
Tallahassee, FL 32301		
Enclosed is a check for the following amount:		
\$70.00 Filing Fee \$\Bigcup \text{\$78.75 Filing Fee & Certificate of Status}\$\$ \text{Certified Copy} \text{\$\subseteq} \t		



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 9, 2010

JOE WILLIAMS BUYSMART MEDICAL SUPPLY, INC 3341 TOWERWOOD DR, STE 203 FARMERS BRANCH, TX 75234

SUBJECT: BUYSMART MEDICAL SUPPLY, INC.

Ref. Number: W1000006565

We have received your document for BUYSMART MEDICAL SUPPLY, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist II

Letter Number: 010A00003360

PLEASE NOTE: You have included an alternate name in your document that is not allowed under corporate law. If you want to do business in Florida under a different name other than the one you incorporated under, you will need to file a fictitious name application. You can find this form on our website at www.sunbiz.org.

Division of Company in a D.O. DOV 6207 Wellaharra Florida 20214

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

3. 03-0530433 (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 4, Inc. 334) Towerwood Dr. St. 203 Fairners Branch IX 75034 (Current mailing address) (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: Office Address: 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)

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:	Printer E. Summer Hann.
A. DIRECTORS	Fill. F.D
Chairman: Jerry Joe Williams	10 MAR PM 4: 19
Address: 2202 Sorthum Ct	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Carrollton, TX 75006	MALGARASSEE, FLORIDA
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: Clerry Joe Williams	
22025 11 C+	
113 Ti 25001	
Dhilia Davil	
Address: 1902 Oak Hichlands	
Dallas TX 75243	
Secretary: heidi Williams	
Address: 2202 Southern Ct Carrollton	, Tx 15006
Treasurer:	
Address:	
•	
NOTE: If necessary, you may attach an addendum to the application listing additional	al officers and/or directors.
13. (Signature of Director or Officer listed in number 12 of the app	lication)
7 - 111	'
(Typed or printed name and capacity of person signing applic	ation)

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Hope Andrade Secretary of State

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Incorporation for BUYSMART MEDICAL SUPPLY, INC. (file number 800206729), a Domestic For-Profit Corporation, was filed in this office on May 22, 2003.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 25, 2010.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Hope Andrade Secretary of State

Come visit us on the internet at http://www.sos.state.tx.us/

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 296503500002