

# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : CORPORATION SERVICE COMPANY .

Account Number : I2000000195 Phone : (850)521-1000 Fax Number : (850)558-1515

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

# FOREIGN PROFIT/NONPROFIT CORPORATION D & D MEDICAL EQUIPMENT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

RECEIVED MAY 1 7 2010

#### 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.

(If name unavai	able in Florida, enter alternate corporate	name adopted for the purpose of transacting business in Florida)
Arkansas		3. 27-2409894
	under the law of which it is incorporated	(FEI number, if applicable)
04/15/2010		5. Perpetual
(Date	e of incorporation)	(Duration: Year corp. will cease to exist or "perpethan)
***************************************		ness in Florida, if prior to registration) 507.1502, F.S., to determine penalty liability)
2693 South Se	cond Street, Cabot, AR 72023	. 70
	(Principal offic	e address) 골돌
2693 South S	econd Street, Cabot, AR 72023 (Current mailin	¥n
		or country to be carried out in state of Florida)
(Purpose(s	o) of corporation authorized in home state at address of Florida registered agent:	
	) of corporation authorized in home state	
(Purpose(s	of corporation authorized in home state at address of Florida registered agent: Corporation Service Company	(P.O. Box NOT acceptable)
(Purpose(s	of corporation authorized in home state at address of Florida registered agent: Corporation Service Company 1201 Hays Street	

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.



5/17/2010 3:24:37 PM PAGE 3/004



10 MAY 17 AM 10: 03: 12. Names and business addresses of officers and/or directors: SECRETARY OF STATE A. DIRECTORS TALLAHASSEE. FLORIDA Chairman: David J. Woosley Address: 2693 South Second Street Cabot, AR 72023 Vice Chairman: David Vann Address: 2693 South Second Street Cabot, AR 72023 Director: \_ Address: Director: Address: \_ **B. OFFICERS** President: David J. Woosley Address: 2693 South Second Street Cabot, AR 72023 Vice President: David Vann Address: 2693 South Second Street 2693 South Second Street Secretary: \_\_\_ Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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

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

14. David Woosley, President



10 MAY 17 AM 10: 03



# **Arkansas Secretary of State Charlie Daniels**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State Capitol Building • Little Rock, Arkansas 72201-1094 • 501-682-3409

## **Certificate of Good Standing**

I, Charlie Daniels, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

### D & D MEDICAL EQUIPMENT, INC.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office April 15, 2010.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 17th day of May 2010.

Charlie Daniels Secretary of State

Online Certificate Authorization Code: d5e935676e78ed0

To verify the Authoriziation Code, visit sos.arkansas.gov