

**F10000002650**

Florida Department of State

Division of Corporations  
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Fax Number : (850) 617-6381

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

Email Address: carl.shumate@custommedproducts.com**FOREIGN PROFIT/NONPROFIT CORPORATION****Windstone Medical Packaging, Inc.**

Certificate of Status	0
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B. KOHR

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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. WINDSTONE MEDICAL PACKAGING, 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. Montana  
(State or country under the law of which it is incorporated)

3. 47-0932770  
(FEI number, if applicable)

4. October 16, 2003  
(Date of incorporation)

5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")

6. Will commence upon qualification  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501, 607.1502, F.S., to determine penalty liability)

7. 1602 Fourth Ave. North, Billings, MT 59101  
(Principal office address)

1602 Fourth Ave. North, Billings, MT 59101  
(Current mailing address)

8. Any and all lawful purposes  
(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(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.*

Corporation Service Company

By: Carina L. Dunlap  
(Registered agent's signature)

Carina L. Dunlap  
Asst. Vice President

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.

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

A. DIRECTORS

Director: **Greg Deman**  
Address: 201 Pierce Street, Suite 205  
Sioux City, IA 51101

Director: **Sherry Yoeger**  
Address: 201 Pierce Street, Suite 205  
Sioux City, IA 51101

Director: **William Rizk**  
Address: 201 Pierce Street, Suite 205  
Sioux City, IA 51101

Director: **Carl Shumate**  
Address: 522 Hunt Club Blvd., PMB 412  
Apopka, FL 32708

Director: **Sanjeev A. Rathl**  
Address: 522 Hunt Club Blvd., PMB 412  
Apopka, FL 32708

B. OFFICERS

President: **Greg Deman**  
Address: 201 Pierce Street, Suite 205  
Sioux City, IA 51101

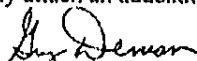
CEO/COO: **Carl Shumate**  
Address: 522 Hunt Club Blvd., PMB 412  
Apopka, FL 32703

VP Sales: **Eugene F. Drabik**  
Address: 522 Hunt Club Blvd., PMB 412  
Apopka, FL 32703

Secty/Treas: **Sherry Yoerger**  
Address: 201 Pierce Street, Suite 205  
Sioux City, IA 51101

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

13.

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

14.

Greg Deman, President  
(Typed or printed name and capacity of person signing application)

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# SECRETARY OF STATE

## STATE OF MONTANA

### CERTIFICATE OF EXISTENCE

I, Linda McCulloch, Secretary of State of the State of Montana, do hereby certify that

WINDSTONE MEDICAL PACKAGING, INC.

duly filed its Articles of Incorporation in this office on 16 October 2003, and on that date was created a body politic and corporate.

I further certify that all fees reflected in the records of the Secretary of State have been paid by said corporation and that the most recent annual report has been filed with this office.

I further certify that no articles of dissolution have been placed on record in this office by said corporation and my records indicate the corporation is in good standing under the laws of the State of Montana and authorized to transact in business and conduct its affairs in this state.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 27 May 2010.

LINDA MCCULLOCH  
Secretary of State

Certified File Number: D127355

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