

F10000003068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

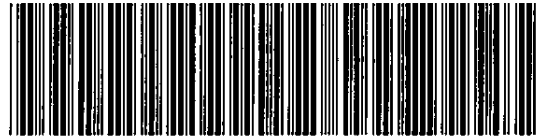
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/23/10--01008--014 **70.00

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRD
7/8

10110-32244

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Superior Medical Supply, 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:

Stephanie Snyder

Name of Person

Superior Medical Supply, Inc.

Firm/Company

PO Box 270930

Address

Superior, CO 80027

City/State and Zip code

stephanie@superiormedicalsupply.com

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

For further information concerning this matter, please call:

Stephanie Snyder

at (877) 460-1411

Name of Person

Area Code & Daytime Telephone Number

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:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|--|--|---|---|



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 8, 2010

STEPHANIE SNYDER
SUPERIOR MEDICAL SUPPLY, INC.
PO BOX 270930
SUPERIOR, CO 80027

SUBJECT: SUPERIOR MEDICAL SUPPLY, INC.
Ref. Number: W10000032244

We have received your document for SUPERIOR 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):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

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: 610A00016600

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. Superior Medical Supply, 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. Colorado

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

3. 73-1700285

(FEI number, if applicable)

4. 4/2/2004

(Date of incorporation)

5. perpetual

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

6. 2/1/2010

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 11005 Dover Street, Ste. 1100; Westminster, CO 80021

(Principal office address)

PO Box 270930; Superior, CO 80027

(Current mailing address)

8. Sales Office

(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: Alex Reyes

Office Address: 814 Ponce de Leon Blvd, Ste 218

Coral Gables

(City)

, Florida 33134

(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.

(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.

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TALLAHASSEE FLORIDA

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

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A. DIRECTORS

Chairman: _____

Address: _____

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Mark Snyder

Address: 1379 Reliance Place

Erie, CO 80516

Vice President: Stephanie Snyder

Address: 1379 Reliance Place; Erie, CO 80516

1379 Reliance Place; Erie, CO 80516

~~Secretary:~~ Vice President: Alejandro Reyes

Address: _____

Le Veragua Ave, Coral Gables, FL 33134

Treasurer: _____

Address: _____

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. Stephanie Snyder, VP of Operations

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

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10 JUL -8 PM 4: 02

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CERTIFICATE

I, Bernie Buescher, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

SUPERIOR MEDICAL SUPPLY, INC.

is a **Corporation** formed or registered on 04/02/2004 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20041121685.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 07/06/2010 that have been posted, and by documents delivered to this office electronically through 07/08/2010 @ 13:20:48.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 07/08/2010 @ 13:20:48 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 7690824.



Bernie Buescher

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click Business Center and select "Frequently Asked Questions."