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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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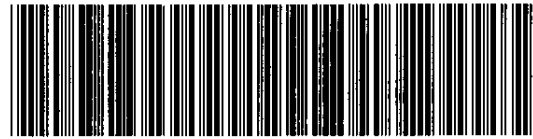
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

W1-32467
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 9, 2010

BRAD ROBERTS
5725 WEST HIGHWAY 290 #103
AUSTIN, TX 78735

SUBJECT: BARTON MEDICAL CORPORATION
Ref. Number: W10000032467

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

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6924.

Stacy Prather
Document Specialist Supervisor

Letter Number: 210A00016715

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Barton Medical Corporation
(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," 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:

Brad Roberts
(Name of Person)

Barton Medical Corporation
(Firm/Company)

5725 West Highway 290 #103
(Address)

Austin, TX 78735
(City/State and Zip code)

For further information concerning this matter, please call:

Brad Roberts at (512) 220-2232
(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:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$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.

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

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

2. Texas 3. 74-2725069
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9/26/94 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 5725 West Hwy 290 #103 Austin, TX 78735
(Principal office address)

5725 West Hwy 290 #103 Austin, TX 78735
(Current mailing address)

8. Sales of Medical Equipment
(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: National Registered Agents, Inc.
Office Address: 2731 Executive Park Drive, Suite 4
Weston, Florida 33331
(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.

See attached signatures
(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:

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(Principal office address)
- 5725 West Hwy 290 #103 Austin, TX 78735
(Current mailing address)

8. Sales of Medical Equipment
(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: NRAI Services, Inc.

Office Address: 2731 Executive Park Drive, Suite 4
Weston, Florida 33331
(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.

NRAI Services Inc.
By: [Signature]
(Registered agent's signature)

Wendy D Rea, Assistant Secretary

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:

A. DIRECTORS

Chairman: Bruce Grant

Address: 5725 West Hwy 290 #103
Austin, TX 78735

Vice Chairman: \$ N/A

Address: _____

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OF FLORIDA
TALLAHASSEE

Director: Peter Lindquist

Address: 5725 West Hwy 290 #103
Austin, TX 78735

Director: Urban Engquist

Address: 5725 West Hwy 290 #103
Austin, TX 78735

B. OFFICERS

President: Bruce Grant

Address: 5725 West Hwy 290 #103
Austin, TX 78735

Vice President: Brad Roberts

Address: 5725 West Hwy 290, #103
Austin, TX 78735

Secretary: _____

Address: _____

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. Brad Roberts VP of Finance & Accounting

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

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



Hope Andrade
Secretary of State

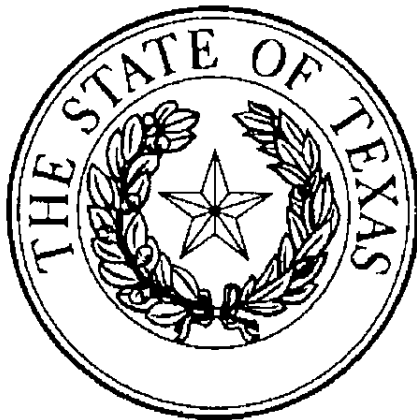
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for BARTON MEDICAL CORPORATION (file number 132746200), a Domestic For-Profit Corporation, was filed in this office on September 26, 1994.

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 June 17, 2010.



A handwritten signature in cursive script, reading "Hope Andrade".

Hope Andrade
Secretary of State