

F11000001312

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

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Account Name : C T CORPORATION SYSTEM
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Phone : (850) 222-1092
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RE-SUBMIT

Please retain original filing
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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: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
ONSite Services Co. d/b/a OS Services of Florida Co.

| | |
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DIVISION OF CORPORATIONS

T. Burch MAR 28 2011



March 25, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: OS SERVICES OF FLORIDA CO.
REF: W11000016902

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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 further questions concerning your document, please call (850) 245-6901.

Pamela Smith
Regulatory Specialist II
New Filing Section

FAX Aud. #: E11000078442
Letter Number: 811A00007280

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. Qaire Services Co.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. Delaware 3. 27-3758329
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/25/2010 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 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. 1660 Research Drive, Suite 250, Troy, MI 48063
(Principal office address)

same
(Current mailing address)

8. Provider of medical instrument management and repair services
(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

C T Corporation System
By: [Signature] JAMES HADWIN, ASST SEC.
(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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12. Names and business addresses of officers and/or directors:

A. DIRECTORS SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS SEE ATTACHMENT

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. 256 _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Brian England, Secretary _____

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

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OFFICE OF THE
ATTORNEY GENERAL
STATE OF FLORIDA

**Attachment to Florida
Officers & Directors**

- 1 **Full Name:** Dennis Stroppa
 Officer/Director: Officer
 Officer's Title: CEO and President
 Director's Title:
 Business Address: 1650 Research Drive, Suite 250
 City: Troy
 State: MI
 ZIP Code: 48083
- 2 **Full Name:** Brian England
 Officer/Director: Officer
 Officer's Title: CFO, Treasurer and Secretary
 Director's Title:
 Business Address: 1650 Research Drive, Suite 250
 City: Troy
 State: MI
 ZIP Code: 48083
- 3 **Full Name:** Thomas Hodge
 Officer/Director: Officer, Director
 Officer's Title: Vice President and Assistant Secretary
 Director's Title: Director
 Business Address: 1650 Research Drive, Suite 250
 City: Troy
 State: MI
 ZIP Code: 48083
- 4 **Full Name:** Steven Bailey
 Officer/Director: Director
 Officer's Title:
 Director's Title: Director
 Business Address: 1650 Research Drive, Suite 250
 City: Troy
 State: MI
 ZIP Code: 48083
- 5 **Full Name:** Benjamin Magnano

Officer/Director:

Director

Officer's Title:

Director

Director's Title:

Business Address:

1650 Research Drive, Suite 250

City:

Troy

State:

MI

ZIP Code:

48063

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U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ONSITE SERVICES CO." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF MARCH, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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SECRETARY OF STATE
DELAWARE

4889368 8300

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You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8645872

DATE: 03-24-11