F110000041697

(Re	equestor's Name)				
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nar	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



800214346518

11/21/11--01024--008 **70.00

2011 NOV 21 PM 2: 27

ल् गिन्डीग

COVER LETTER

O: New Filing Section Division of Corporations	
_{UBJECT:} Orbit Medical of Portland, Inc. dba Tibro Medical	
Name of corporation - must include suffix	,
ear Sir or Madam:	
he 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 pove referenced foreign corporation to transact business in Florida.	
lease return all correspondence concerning this matter to the following:	
leather Weaver	_
Name of Person	
Orbit Medical, Inc.	_
Firm/Company	-
716 E 4500 S Ste 260S	_
Address	•
Salt Lake City, UT 84107	
City/State and Zip code	•
weaver@orbitmedical.com	-
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
leather Weaver at (801) 713-2039	
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 PARTICIPATION OF CORPORATION OF COR	DIVISION OF CORPORATION
\$70.00 Filing Fee \$\ \times \text{S78.75 Filing Fee & Certificate of Status} \tag{\$\\$578.75 Filing Fee & Certificate Of Status} \tag{\$\\$578.75 Filing Fee & Certificate Of Status} \tag{\\$\\$Certificate Of Status} \tag{\\$\\$Certified Copy} \tag{\\$\\$\\$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.	Orbit Medical of Portland, Inc.				
	(Enter name of corporation; must include "INCORPORATE "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"		
	me., co., corp, me, co, or corp.				
	(If name unavailable in Florida, enter alternate corporate nar	me	adopted for the purpose of transacting business in Flor	rida)	
2.	Utah	3.	204278427		
	(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
4.	02/09/2006	5.	Perpetual		
	(Date of incorporation)		(Duration: Year corp. will cease to exist or "perpetu	al")	
6.	N/A				
	· · · · · · · · · · · · · · · · · · ·		n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
	`		• • •		
7	4424 S 700 E Ste 200, Salt Lake City, L				
	(Principal office a		•		
	716 E 4500 S Ste 260S, Salt Lake Ci				
	(Current mailing a	add	ress)	20	<u>-</u>
8.	Home Medical Equipment Service Pro	ΟV	ider		ăř Di
	(Purpose(s) of corporation authorized in home state or	r cc	ountry to be carried out in state of Florida)	7 2	11.57 11.25 11.25
9.	Name and street address of Florida registered agent: (I	P.C	D. Box NOT acceptable)		
	Name: Business Filings Incorpora	te	d		, (, (
); 	
Oí	ffice Address: 515 E. Park AV	U	100	-	
	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.

Registered agent's signature) Business Filings Incorporated

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: Address: Vice Chairman: Address: _ Director: Shawn Ross Address: 4424 S 700 E Ste 200 Salt Lake City, UT 84107 Director: Rob Gallup Address: 716 E 4500 S Ste 260S Salt Lake City, UT 84107 **B. OFFICERS** President: Shawn Ross Address: 4424 S 700 E Ste 200 Salt Lake City, UT 84107 Vice President: Rob Gallup Address: 716 E 4500 S Ste 260S Salt Lake City, UT 84107 Secretary: Shawn Ross Address: 4424 S 700 E Ste 200, Salt Lake City, UT 84107 Treasurer: Rob Gailup Address: 716 E 4500 S Ste 260S, Salt Lake City, UT 84107 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Shawn Ross, President

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



Utah Department of Commerce

Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705

Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849

Toll Free: (877) 526-3994 Utah Residents

Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

10/05/2011 6119158-014210052011-2350125

CERTIFICATE OF EXISTENCE

Registration Number:

6119158-0142

Business Name:

ORBIT MEDICAL OF PORTLAND, INC.

Registered Date:

February 09, 2006

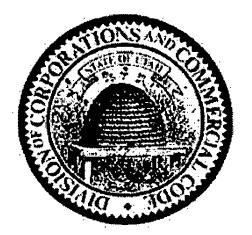
Entity Type:

Corporation - Domestic - Profit

Current Status:

Good Standing

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Nathy Berg

Kathy Berg Director

Division of Corporations and Commercial Code

ZÖLL NOV 21 PM 2-2