Florida Department of State Division of Corporations

Electronic Filing Cover Sheet

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To:	Division of Con Fax Number					
From:	Lax Number	•	(000,01, 0001			
	Account Name	_	FLORIDA FILING	æ	SEARCH	SERVICE
	Account Number					
	Phone	;	(850)216-0457			
	Fax Number		(850)216~0460			

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FOREIGN PROFIT/NONPROFIT CORPORATION

Inspired Medical Solutions, Limited

Certificate of Status	0
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3/27/12

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March 26, 2012

FLORIDA DEPARTMENT OF STATE

FLORIDA FILING & SEARCH SERVICES Division of Corporations

SUBJECT: INSPIRED MEDICAL SOLUTIONS, LIMITED CO.

REF: W12000016834

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.

You failed to make the correction(s) requested in our previous letter.

The only acceptable corporate endings for this corporation are INC, INCORPORATED, CORP and CORPORATION.,

If you have any further questions concerning your document, please call (850) 245-6052.

Justin M Shivers Regulatory Specialist II New Filing Section FAX Aud. #: H12000058584 Letter Number: 112A00010147

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FLORIDA FILING & SEARCH

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COVER LETTER

TO:	New Filing Se Division of Co					
SUBI	ECT: <u>Inspir</u>	ed Medical Solution Name of co		Corp.		
Dear S	ir or Madam;					
"Certif	icate of Existen	tion by Foreign Corpor co," or "Certificate of C gn corporation to transa	ood Standing	" and check are sul		
Please	return all corres	pondence concerning th	ils matter io t	ne following:		
			Name of Pers	où	*************************************	
		F	im/Compan	<u> </u>		
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		IMS@precisiono E-mail address: (to	orp.com	dire similal cocost	antication!	
For for	ther information	concerning this matter		mes aimaraspore.	1001100,1(/1/)	
		at (7
	Name of Perso	on	Ares Code	& Daytime Teleph	ione Number	SECRETA VISING SI
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Talkhassee, FL 32301			MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314		TARY OF STATE OF CORPORATIONS	
	d is a check for	the following amount: \$78,75 Filing Fee Certificate of Sta		.75 Filing Fee & milied Copy	S87.50 Fil Certificate Certified C	of Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

EGISTER A FO.	REIGN CORPORATION TO TRANSA	CT B V/11	USINESS IN THE STATE OF FLORIDA. "COMPANY," "CORPORATION,"	 `
		Isme a	dopted for the purpose of transacting business in Flor	-Ida)
. New	Hampshive under the law of which it is incorporated	3	(FBI number, if applicable)	
. Ju	ne 16,2004	, _ 5	perpetual	
(Date	of incorporation)	•	(Duration: Year corp. will cease to exist or "perpetu	
	(SEE SECTIONS 607.1501 & 6	07.150	Florida, if prior to registration) 12, F.S., to determine penalty liability)	
1. 4 Ja	(Principal office	addre		
<u> </u>	John Tyler St. (Corrent mailing	M addre	errimack NH 1305	4
			Pales + Distribution	<u> </u>
` . `	s) of corporation authorized in home state at address of Florida registered agent;		•	MAR -
Name:	Registered Agent Solutions, Inc	<u>. </u>	_	ST. ⊒≫
Office Address:	155 Office Plaza Dr., Suite A			Æ Ö
	Tallahassee (City)			အွ
0. Registered as	gent's acceptance:			į.

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.

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.

H 1 2 0 SOCIO TONTO STATE

12. Names and business addresses of officers and/or directors:	12 MAR -5 AM 10: 39
A. DIRECTORS	, a mino. 33
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	, , , , , , , , , , , , , , , , , , , ,
Address:	
Director:	
Address:	
B. OFFICERS	
President: Susan Tremblay Address: 5 Jade Rd	
Address: O Ok Ost 1521	
Merchimack NH 03054	
Vice President:	
Address:	
	· · · · · · · · · · · · · · · · · · ·
Secretary;	 _
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additi	onal officers and/or directors.
13. Prisan Openilay	
Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 12 abov	c) affirms that the facts stated herein
are true and that he or she is aware that false information submitted in a document third degree felony as provided for in \$.817.155, F.S.	·
14. Jusan Deembley Sus	an D Tremblay
(Typed or printed hame and canacity of nerson signing and	olication)

State of New Hampshire Bepartment of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that INSPIRED MEDICAL SOLUTIONS, LIMITED is a New Hampshire corporation duly incorporated under the laws of the State of New Hampshire on June 16, 2004. I further certify that all fees and annual reports required by the Secretary of State's office have been received and that articles of dissolution have not been filed.

In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 28th day of February, A.D. 2012

William M. Gardner Secretary of State

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