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DEPARTMENT OF STATE



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Please give original submission date as file date.

FLORIDA DEPARTMENT OF STATE Division of Corporations

September 10, 2013

CSC

SUBJECT: NATIONAL HME INC. Ref. Number: W13000049777

We have received your document for NATIONAL HME INC. and the authorization to debit your account in the amount of \$70.00. However, the document has not been filed and is being returned for the following:

Please list the officer signing the application in #12.

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) 245-6052.

Pamela Smith Regulatory Specialist II

Letter Number: 213A00021210

DEPARTMENT OF STATE



ON SERVICE COMPANY.								
ACCOUNT NO. : I2000000195								
REFERENCE : 790158 7526429								
AUTHORIZATION :								
COST LIMIT : \$ 70.00								
ORDER DATE : September 6, 2013								
ORDER TIME : 9:34 AM								
ORDER NO. : 790158-005								
CUSTOMER NO: 7526429								
FOREIGN FILINGS NAME: NATIONAL HME INC.								
XXXX QUALIFICATION (TYPE: CO)								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING								
CONTACT PERSON: Susie Knight EXT# 52956 • EXAMINER:								

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.	National HME, Inc.							
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")								
	(If name unavaila	able in Florida, enter alternate corporate nam	ne i	adopted for the purpose of transacting busing	ess in Flo	rida)		
2.	Para		20-4605550					
۷.								
4.	3/22/2006		5.	Perpetual				
••			(Duration: Year corp. will cease to exist or	r "perpetu	al")			
6.								
		•		Florida, if prior to registration) 02, F.S., to determine penalty liability)				
7	7451 Airport Fre	eway Richland Hills, TX 76118		o <u>z</u> , 1.51, to <u>zero</u> , 1.11				
(Principal office ac 7451 Airport Freeway Richland Hills, TX 76118			ddı	ess)	SA			
						SEP		
		(Current mailing ac	ddı	ess)		P-9	T	
8.	Delivery/Pickup	o/Service of Durable Medical Equipment	r contracted Hospice company patients	SSEE,	9 7	LED		
	(Purpose(s) of corporation authorized in home state or	со	untry to be carried out in state of Florida)	ST. IS	Ċ		
9.	9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)							
	Name:	Corporation Service Company						
Office Address:		1201 Hays Street						
		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.

Corporation Service Company

Sue G. Knight

Assistant Vice President

(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: A. DIRECTORS Chairman: ____ Vice Chairman: Address: Director: B. OFFICERS President: ___ William Monast Address: 1623 Waterwood Drive Keller, TX 76248 Vice President: Joshua Robertson 4504 Marbella Circle Fort Worth, TX 76126 Secretary: Treasurer: See attacked Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 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. Taylon Enabert - Vice President of Administration

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

Additional National HME Officers:

- Taylor Enabnit- Vice President of Administration
 8621 Summer Tree Lane, North Richland Hills, TX 76180
- Mike Miller- Chief Financial Officer 606 Guadalupe Road, Keller, TX 76248
- Joseph Vieira- Compliance Officer
 9213 Farmer Road, Fort Worth, TX 76108

FILED
13 SEP -9 AM 8: 26
SECRETARY OF STATE
ANASSEE, FLORID.

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



John Steen Secretary of State

Office of the Secretary of State

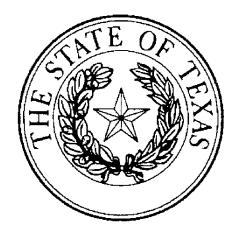
Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for NATIONAL HME, INC. (file number 800630437), a Domestic For-Profit Corporation, was filed in this office on March 22, 2006.

It is further certified that the entity status in Texas is in existence.

P-9 AM 8: 26

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 September 06, 2013.





John Steen Secretary of State

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 500545660003

Phone: (512) 463-5555 Prepared by: SOS-WEB