

#13000003862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pc 9/11/13 11:24 49777



FLORIDA DEPARTMENT OF STATE
Division of Corporations

790158

RESUBMIT

Please give original
submission date as file date.

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

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 790158 7526429

AUTHORIZATION :

COST LIMIT : \$ 70.00

[Handwritten signature]

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

2. Texas 3. 20-4605550
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/22/2006 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. 7451 Airport Freeway Richland Hills, TX 76118
(Principal office address)

7451 Airport Freeway Richland Hills, TX 76118
(Current mailing address)

8. Delivery/Pickup/Service of Durable Medical Equipment for contracted Hospice company patients
(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: 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

By: 
(Registered agent's signature)

Sue G. Knight
Assistant Vice President

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TALLAHASSEE, FLORIDA

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: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: William Monast

Address: 1623 Waterwood Drive Keller, TX 76248

Vice President: Joshua Robertson

Address: 4504 Marbella Circle Fort Worth, TX 76126

Secretary: _____

Address: _____

Treasurer: *See attached*

Address: _____

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

13. *[Signature]*

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. *Taylor Enabnit - Vice President of Administration*

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

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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

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TALLAHASSEE, FLORIDA

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.

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TALLAHASSEE, FLORIDA

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.



A handwritten signature in black ink, appearing to read "John Steen".

John Steen
Secretary of State