

3/12/2014 11:32:17 From: To: 8506176381

(1/6)

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000060300 3)))



H140000603003ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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
THE ALARIS GROUP, INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 06 |
| Estimated Charge | \$70.00 |

RECEIVED
14 MAR 12 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR 12 AM 7:16

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: The Alaris Group, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The 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 above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jane Carr

Name of Person

The Alaris Group, Inc.

Firm/Company

4108 N 79th Ave W

Address

Duluth, MN 55810

City/State and Zip code

jane.carr@alarisgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at (_____)

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & 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. The Alaris Group, 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. Minnesota

(State or country under the law of which it is incorporated)

3. 411957309

(FBI number, if applicable)

4. 12/14/1999

(Date of incorporation)

5. Perpetual

(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. 4108 N. 79th Ave. W, Duluth, MN 55810

(Principal office address)

same

(Current mailing address)

8. General Consulting

(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: CT 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.

CT Corporation System

By: Jeanne Nelson

(Registered agent's signature) Jeanne Nelson, Asst. Secretary

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.

14 MAR 12 PM 1:16

SECRETARY OF STATE
DIVISION OF CORPORATIONS

Mar 11 14 12:44p

p.2

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: Kandice Garrison

Address: 3945 Solway Rd., Duluth, MN 55810

Treasurer: Jane Carr

Address: 4108 N. 79th Ave. W, Duluth, MN 55810

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

13. Jane Carr _____

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. Jane Carr, Treasurer _____

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

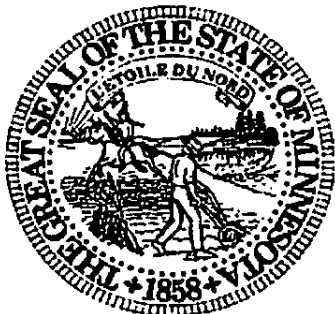
| | | |
|---|-------------------|-----------------------|
| 1 | Full Name: | Marijo Storment |
| | Officer/Director: | Officer |
| | Officer's Title: | CEO |
| | Director's Title: | |
| | Business Address: | 825 East Leslie Drive |
| | City: | Garretson |
| | State: | SD |
| | ZIP Code: | 57030 |
| 2 | Full Name: | Christine Lucente |
| | Officer/Director: | Director |
| | Officer's Title: | |
| | Director's Title: | Director |
| | Business Address: | PO Box 87 |
| | City: | Pengilly |
| | State: | MN |
| | ZIP Code: | 55775 |
| 3 | Full Name: | Nancy Caven |
| | Officer/Director: | Director |
| | Officer's Title: | |
| | Director's Title: | Director |
| | Business Address: | 5521 Dever Dr. |
| | City: | Edina |
| | State: | MN |
| | ZIP Code: | 55424 |

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

| | |
|------------------------------|------------------------|
| Name: | The Alaris Group, Inc. |
| Date Filed: | 12/14/1999 |
| File Number: | 10Y-128 |
| Minnesota Statutes, Chapter: | 302A |
| Home Jurisdiction: | Minnesota |

This certificate has been issued on: 03/11/2014



Mark Ritchie
Mark Ritchie
Secretary of State
State of Minnesota