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TALLAHASSEE, FLORIDA

N. Culligan JUL 22 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DILLER MEDICAL, 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:

Mitchell L. Kingsley

Name of Person

Samuel W. Diller CO, LPA

Firm/Company

138 N. Main St., P.O. Box 46

Address

Bluffton, OH 45817

City/State and Zip code

kingsleym@bluffton.edu

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

For further information concerning this matter, please call:

James Diller

239

2161680

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration 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

SAMUEL W. DILLER Co., LPA

ATTORNEYS AND COUNSELLORS AT LAW

138 N. MAIN STREET

P.O. BOX 46

BLUFFTON, OHIO 45817

SAMUEL W. DILLER

MITCHELL L. KINGSLEY

419-358-5606

FAX 419-358-9637

July 8, 2015

Registration Section
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, FL 32314

RE: DILLER MEDICAL, INC.
APPLICATION FOR AUTHORIZATION OF FOREIGN CORPORATION

Dear People,

I am writing on behalf of James Diller, President of Diller Medical, Inc. concerning the enclosed Application by Foreign Corporation for Authorization to Transact Business in Florida. Mr. Diller is the Executive Officer and the owner – with his wife – of Diller Medical. They operated this business out of a large facility in Ohio for many years until they began their retirement. They sold the Ohio facility and decided to continue selling some of their products by internet from their home in Florida.

They were unaware until recently of the requirement to apply to the Division of Corporations for Authorization to operate

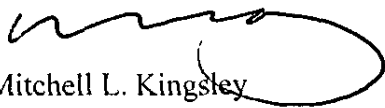
They are hereby making application for authorization to operate their business as well as making payment of the application fee (\$70.00) along with the annual report fees which are prescribed in Florida. They are inclosing the regular annual reporting fee of \$150 plus a late fee of \$400 for the current year. The total annual reporting and late fees being sent with this correspondence is \$550.

PAGE TWO
JULY 8, 2015

We request that you acknowledge receipt of the Application on behalf of Diller Medical, Inc., and that you send an acknowledgment of payments made along with any further instructions to bring this company into compliance with Florida rules.

Kindly contact me if you have any questions in this regard.

Sincerely,

A handwritten signature in black ink, appearing to read "Mitchell L. Kingsley". The signature is fluid and cursive, with a large loop at the end.

Mitchell L. Kingsley

Cc: James and Nancy Diller

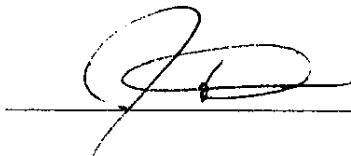
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*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. DILLER MEDICAL, 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. OHIO 3. 34-1321974
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 02/09/1981 5. _____
(Date of incorporation) (Date of duration, if other than 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. 12423 Colliers Reserve Dr., Naples, FL 34110
(Principal office address)
- _____
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: James Diller
- Office Address: 12423 Colliers Reserve Dr.
- Naples , Florida 34110
(City) (Zip code)

9. 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)

10. 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.

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TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: James Diller
Address: 12423 Colliers Reserve Dr.
Naples, FL 34110

Vice Chairman: _____
Address: _____

Director: Nancy Diller
Address: 12423 Colliers Reserve Dr.
Naples, FL 34110

Director: _____
Address: _____

B. OFFICERS

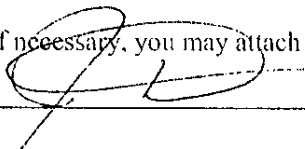
President: James Diller
Address: 12423 Colliers Reserve Dr.
Naples, FL 34110

Vice President: _____
Address: _____

Secretary: Nancy Diller
Address: 12423 Colliers Reserve Dr., Naples, FL 34110

Treasurer: _____
Address: _____

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

12.  _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. James Diller, President

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

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2015 JUL 20 AM 8:32
SECRETARY OF STATE
PALM BEACH COUNTY, FLORIDA

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show DILLER MEDICAL, INC., an Ohio corporation, Charter No. 568955, having its principal location in Bluffton, County of Allen, was incorporated on February 9, 1981 and is currently in GOOD STANDING upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 30th day of June, A.D. 2015.*

Jon Husted

Ohio Secretary of State

Validation Number: 201518150772