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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

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TALLAHASSEE, FLORIDA

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****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

Respiratory Sleep Solutions, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RESPIRATORY SLEEP SOLUTIONS, 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:

JUSTIN MAGNUSON
Name of Person

Firm/Company

4600 FULLER DRIVE SUITE 275
Address

IRVING /TX 75038
City/State and Zip code

JUSTIN@AFCOMPANIES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICHOLAS CIGLINO at (619) 200 9819
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

**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. RESPIRATORY SLEEP SOLUTIONS, 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. 26-0701515
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/10/2006 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. 12/10/15
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4600 FULLER DRIVE SUITE 275, IRVING, TX 75038
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.


Michael Jones
Assistant Secretary
(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: Justin Magnuson

Address: 4600 Fuller Dr., Ste 275
Irving, TX 75038

Vice Chairman: Mitchell D. Jacobs

Address: 4600 Fuller Dr., Ste 275
Irving, TX 75038

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Justin Magnuson

Address: SAME

Vice President: Mitchell D. Jacobs

Address: SAME

Secretary: Conor Butts

Address: 4600 Fuller Dr., Ste 275 Irving, TX 75038

Treasurer: Steven Lambert

Address: 4600 Fuller Dr., Ste 275 Irving, TX 75038

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

12. Conor Butts

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. Conor M. Butts, COO

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

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2015 DEC 11 AM 7:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/11/2015 10:45:01 AM From: To: 8506176383(5/5)

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



Carlos H. Cascos
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 Respiratory Sleep Solutions, Inc. (file number 800718602), a Domestic For-Profit Corporation, was filed in this office on October 10, 2006.

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

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 December 10, 2015.



A handwritten signature in black ink, appearing to read "Cascos", followed by a horizontal line.

Carlos H. Cascos
Secretary of State