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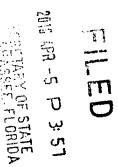
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3 MASON

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT RUSINESS 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.

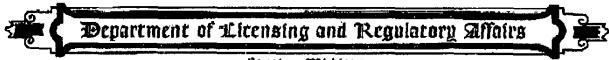
Specialty Medic	cal Equipment, Inc.				
(Enter name of c	orporation; must include "INCORPORA forp," "Inc," "Co," or "Corp.")	ATED.	" "COMPANY," "CORPORATIO	N,"	
(If name unavail	able in Florida, enter alternate corporate	name	adopted for the purpose of transacti	ng business in Florida)	
Michigan 2.		3.	26-3611004		
(State or count) 10/27/2008 4.	ry under the law of which it is incorporat		(FEI number, if a		
(Date N/A, Upon Lice		0	(Date of duration, if othe	r than perpetual)	
	(Date first transacted bus		n Florida, if prior to registration) 502, F.S., to determine penalty liabi	lity)	
7	(Princi	pal office address)		
	(Current	t maili	ng address, if different)		
				~ 5	
	et address of Florida registered agent Corporation Service Company	t: (P.	O. Box NOT acceptable)		17
Name: Office Address:	1201 Hays Street			NAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
			, Florida	D 31 C	5
	(City)		(Zip code)	STATE	
Having been nan designated in this further agree to c	ent's acceptance: ned as registered agent and to accep s application, I hereby accept the ap comply with the provisions of all sta familiar with and accept the obligat	poin tutes	ment as registered agent and ag relative to the proper and comp	ed corporation at the p ree to act in this capac lete performance of m	city. I
	Corporation Service Comapny				
_	Signi a	euer	Sylvia Quer agent's signature)	pet, Asst. Vice President	
	(Regi	istered	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.

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

	ECTORS Robin Soblick	
Chairman	52040 Van Dyke Ave., Shelby Township, MI 48316	
Address:		
Vice Chai	rman:	
Address:		
Director:		
Address:		72 E TT
B. OFF	ICERS	6年 1
President:	Robin Soblick	AND M
Address:	52040 Van Dyke Ave., Shelby Township, MI 48316	STATE FLORIDA
Vice Pres	ident:	
Address:		
Secretary:		
Address:		
Treasurer		
Address:		
NOTE:	If necessary, you may attach an addendum to the application listing additional offic	ers and/or directors.
12		
are true a a third de	Signature of Director or Officer ter or director signing this document (and who is listed in number 11 above) affirms and that he or she is aware that false information submitted in a document to the Degree felony as provided for in s.817.155, F.S.	that the facts stated herein partment of State constitutes
13. Rob	in Soblick, President (Typed or printed name and capacity of person signing application)	





Longing, Michigan

This is to Certify That

SPECIALTY MEDICAL EQUIPMENT, INC.

was validly incorporated on October 27, 2008, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission 02073M

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 22nd day of March, 2016.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau