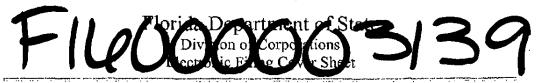
7/14/2016

Division of Corporations



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.

(((H16000169909 3)))



H160001699093ABCB

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

7	٠_	

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BUSINESS FILINGS Account Number : 105256001620

Phone : (608)827-5300 Fax Number : (608)827-5501

**Enter the email address for this business entity to be used for future?

annual report mailings. Enter only one email address please.**

Fmail Address:			
	P		

FOREIGN PROFIT/NONPROFIT CORPORATION NATIONAL MEDTRANS NETWORK INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

4160001699093

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.

(If name unavailab	le in Florida, enter allemate corporate name	adopted for the purpose of transacting b	usiness in Florida)
New York	3	20-4007388	
(State or country	3. nunder the law of which it is incorporated)	(FEI number, if applie	nble)
4/5/2005	5.	Perpetual	
(Date o	f incorporation) 5.	(Date of duration, if other tha	n perpetual)
Upon Qualifica			
992 South 2nd		i Florida, if prior to registration) 502, F.S., to determine penalty liability)	
772 30uu 211u		oal office address)	
	(Curent maili	ng address, if different)	
Name and <u>street</u> Name:	(Current mailing address of Florida registered agent: (P.) Business Filings Incorporated		7.17.53.5 7.17.93.5 7.17.93.5
Name:	address of Florida registered agent: (P.		10 JUL 14 JUL 31
Name:	address of Florida registered agent: (P.) Business Filings Incorporated 1200 South Pine Island Road	O. Box. NOT acceptable) , Florida 33324	19 18 18 61
	address of Florida registered agent: (P.) Business Filings Incorporated 1200 South Pine Island Road		18 JULIA A SERIO 18 JULIA A SERIO 18 JULIA A 18 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19

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.

(1,000,07,0

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

A. DIRE	ECTORS		
Chairman			
Address:	,		
Vice Chair	mau:		
Director:	Andrew Winakor .		
Address:	992 South 2nd Street, Ronkonkoma, New York 11779	· · · · · · · · · · · · · · · · · · ·	
Director:	Greg Billing		
Address:	992 South 2nd Street, Ronkonkoma, New York 11779		<u></u>
B. OFFI President:	TO 10 10 10 10 10 10 10 10 10 10 10 10 10		
	992 South 2nd Street, Ronkonkoma, New York 11779		ı.
		三百百	<u>දා</u>
Vice Presi	dent: Greg Billing		,
Address:	992 South 2nd Street, Ronkonkoma, New York 11779	ا میران این این این این این این این این این این این این این	·*··
		C15).	
Secretary:	Andrew Winakor	31	
Address:	992 South 2nd Street, Ronkonkoma, New York 11779	5m	
Treasurer:	Andrew Winakor		
Address:	992 South 2nd Street, Ronkonkoma, New York 11779		
NOTE: 1	f mecessary, you man attach so effendings to the application listing additional officers sadder directors.		
12	Signature of Director or Officer		
are true a	er or director signing this document (and who is listed in number 11 above) affirms that and that he or she is aware that false information submitted in a document to the Department of the Dep		
13	Illiam McKee, President		
	(Typed or printed name and capacity of person signing application)		

2016-07-14 14 07:00 CST

16082372310 From CLS-CTSB-BFI BFI Processing Fax

H14000/499093

Attachment to the Application for Authorization to Transact Business in Florida For NATIONAL MEDTRANS NETWORK INC.

11A: Additional Director Information:

William McKee, 992 South 2nd Street, Ronkonkoma, New York 11779

State of New York Department of State } ss

I hereby certify, that the Certificate of Incorporation of NATIONAL MEDTRANS NETWORK INC. was filed on 04/05/2005, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



Witness my hand and the official seal of the Department of State at the City of Albany, this 27th day of June two thousand and sixteen.

Anthony Giardina
Executive Deputy Secretary of State

201606280549 * M9