

7/14/2016

Division of Corporations

Florida Department of State
Division of Corporations
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**FOREIGN PROFIT/NONPROFIT CORPORATION
NATIONAL MEDTRANS NETWORK INC.**

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

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Electronic Filing Menu

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Help

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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. NATIONAL MEDTRANS NETWORK 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. New York

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

3. 20-4007388

(FEI number, if applicable)

4. 4/5/2005

(Date of incorporation)

5. Perpetual

(Date of duration, if other than 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. 992 South 2nd Street, Ronkonkoma, New York 11779

(Principal office address)

(Current mailing address, if different)

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

Name: Business Filings Incorporated

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.



Mark Williams, AVP, Business Filings Incorporated

(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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H160001699093

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Andrew Winakor

Address: 992 South 2nd Street, Ronkonkoma, New York 11779

Director: Greg Billing

Address: 992 South 2nd Street, Ronkonkoma, New York 11779

B. OFFICERS

President: William McKee

Address: 992 South 2nd Street, Ronkonkoma, New York 11779

Vice President: Greg Billing

Address: 992 South 2nd Street, Ronkonkoma, New York 11779

Secretary: Andrew Winakor

Address: 992 South 2nd Street, Ronkonkoma, New York 11779

Treasurer: Andrew Winakor

Address: 992 South 2nd Street, Ronkonkoma, New York 11779

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. William McKee, President

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

H160001699093

H160001699093

**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

H160001699093

**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

Anthony Giardina
Executive Deputy Secretary of State