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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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M. MILLIGAN EXAMINER

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COVER LETTER

-	istration Se ision of Cor					
SUBJECT	` <u>.</u>	Med Parts	Plus Inc			
20202		MedParts Name	of corporation	- must	include suffix	
Dear Sir or	Madam:					
"Certificate	of Existenc		e of Good Star	iding" a	and check are sub	ct Business in Florida," omitted to register the
Please retur	n all corres	ondence concern	ning this matter	to the	following:	
	Ar	itonio Dio	رک			
		. –	Name of	Person		
		ed Parts P	lus, Inc.			
	206	East Gar	Field Ro	ad_		
		•	Addre	ess		
	Aur	ora/Ohio	44	202		notification)
		^	City/State a	nd Zip o	code	
	<u>adi</u>	Cazavy (w v)	ss. net	for futur	re annual report i	notification)
					io amiaar report i	ionnouton)
For further	intormation	concerning this	matter, please o	call:		
1	ادا مسم		/ 22.0	,	<i>5</i> (2 =	
Na	me of Perso	urw.	Area Cod) e	Daytime Telep	hone Number
Reg Div Clif	gistration Se ision of Cor fton Buildin	porations	SS:		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
	lahassee, FI					
Enclosed is	a check for	the following an	ount:			
□ \$70.00 H	Filing Fee	\$78.75 Filin Certificate	ng Fee & of Status		5 Filing Fee & fied 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. <u>Med</u> ?	Parts Plus, Inc.			
(Enter name of co	orporation; must include "INCORPORATED," "	COMPANY," "CORPORATION,"		
"Inc.," "Co.," "Co	orp," "Inc," "Co," or "Corp.")			
(If name unavaila	ble in Florida, enter alternate corporate name add	opted for the purpose of transacting business in Florida)		
(11 Hame anavana	int in Florida, eller alternate corporate name ade	opica for the purpose of transacting business in Florida)		
2. Onio (State or country under the law of which it is incorporated)		26-0176981		
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)		
4				
4	- 04 - 2007 5.	(Date of duration, if other than perpetual)		
(Date	of incorporation)	(Date of duration, if other man perpetual)		
6	not prior to requirent			
	(Date first transacted business in F	lorida, if prior to registration)		
	(SEE SECTIONS 607.1501 & 607.1502	2, F.S., to determine penalty liability)		
7 206	Fast Garfield Road Au	rona Ohio 44202		
/·	East Garfield Road, Au	office address)		
	,	,		
	(Current mailing a	address, if different)		
8. Name and stree	t address of Florida registered agent: (P.O. l	Box NOT acceptable)		
	DECISTEDED A CENTS THE	Control of the contro		
Name:	REGISTERED AGENTS INC.	<u> </u>		
0.00	3030 N. Rocky Point Drive, STE 150	OA A A A A A A A A A A A A A A A A A A		
Office Address:	222 Rocky , olik Dilive; 372 130			
	TAMPA	Florida 33607		
	(City)	(Zip code)		
	(=,,)	(mp =000)		

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.

Bill Havre/Secretary/Registered Agents Inc.

(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.

11. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: Ronald Diffy
Address: 206 East Garfield Road Aurora Ohio 44202
Aurora, Ohio 44202
Vice Chairman: Director Lames G. Cecil
Address: 206 East Garfield Road
Aurora, Ohio 44202
Director: <u>Parl McCowin</u>
Address: 206 Bast Garfield Road
Aurora, Ohio 44202
Director: James F. Cecil
Address: 206 East Garfield Road
Aurora, Ohio 44202
B. OFFICERS
President: Earl McCowin
Address: 206 Bast Garfield Road
Aurora, Ohno 44202
Vice President:
Address:
Secretary: James F. Cecil
Address: 206 East Garfield Road Aurora, Ohio 44202
Treasurer: Ronald Duffy
Address: 206 East Gar Field Road, Aurora, Ohio 44202
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. Round E. D. Ffy V.P.

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

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 MEDPARTS PLUS, INC., an Ohio corporation, Charter No. 1697728, having its principal location in Aurora, County of Portage, was incorporated on May 4, 2007 and is currently in GOOD STANDING upon the records of this office.



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Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 7th day of September, A.D. 2016.

Ohio Secretary of State

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Validation Number: 201625100652