

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.

(((H17000196530 3)))



H170001965303ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Estimated Charge

Division or C.
Fax Number : (850,

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA800000023
Phone : (614)280-3338
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future3 annual report mailings. Enter only one email address please.

Address:

Address: Certificate of Status Certified Copy Page Count

Electronic Filing Menu Corporate Filing Menu

Help

05

\$70.00

COVER LETTER

_	istration Section ision of Corporations			
SUBJECT:	Universal Medical, Inc.			
	Name of co	rporation - mus	st include suffix	
Dear Sir or N	Madam:			
"Certificate of	d "Application by Foreign Corpor of Existence," or "Certificate of Conced foreign corporation to transa	Good Standing"	and check are sub	ct Business in Florida," mitted to register the
Please return	n all correspondence concerning the	his matter to th	e following:	
Janet Lamb				
		Name of Person	n	
Universal Me	edical, Inc.			
		Firm/Company	•	
PO Box 467				
		Address		
Norwood MA				
		ty/State and Zip	o code	
janet@univer	rsalmedicaline.com E-mail address: (to	the used for fu	nre annual cenart	politication
			are amuni repant	notification?
For further in	information concerning this matte	r, please call:		
Janet Lamb	n. (508 69	vs-6920	
Nan	me of Person	Area Code	Daytime Telep	hone Number
Regi Divi Clift 266	REET/COURIER ADDRESS: distration Section dision of Corporations don Building 1 Executive Center Circle dahassee, FL 32301		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Enclosed is	a check for the following amount			
☑ \$70,00 F	Filing Fee		.75 Filing Fee & tified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

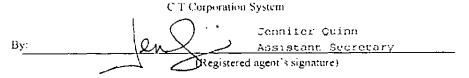
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

Universal Medic	eal, inc.	
(Enter name of c	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp,")	"COMPANY," "CORPORATION,"
UniversalMedie	affine.com inc.	
(If name unavail:	able in Florida, enter alternate corporate name a	adopted for the purpose of transacting business in Florida)
Delaware 3.		04-2806135
(State or country under the law of which it is incorporated)		(FEI number, if applicable)
4. 7/25/2017	5	
(Date	of incorporation)	(Date of duration, if other than perpetual)
S.		
/·	(Date first transacted business in (SEE SECTIONS 607-1501 & 607-15	n Florida, if prior to registration) 502, F.S., to determine penalty liability)
1600 Providence	Highway, Suite 143 Walpole MA 02081	2 2
	(Princip	onl office address) g address, if different)
PO Box 467 No	rwood, MA 02062	
	(Current mailin	n Florida, if prior to registration) 502, F.S., to determine penalty liability) oal office address) ng address, if different)
R. Name and stree	et address of Florida registered agent: (P.C	
Name:	C T Corporation System	
Office Address:	1200 South Pine Island Road	
	Plantation	, Florida
	(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.



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.

:7

11. Names and business addresses of officers and/or di	irectors:
A. DIRECTORS	
Chairman:	
Address:	

Address:	
Vice Chai	rman:
Address:	
Director:	Janet Lamb
Address:	1600 Providence Highway Suite 143
	Walpole MA 02081
Director:	Stephen Lamb
Address:	1600 Providence Highway Suite 143
,	Walpote MA 02081
B. OFF	\sim \sim \sim
President:	Janet Lumb
Address:	1600 Providence Highway Suite 143
	Walpole MA 02081
Vice Pres	ident:
Address:	
Secretary	Stephen Lamb
Address:	1600 Providence Highway Suite 143 Walpole MA 02081
Treasurer	Janet Lamb
Address:	1600 Providence Highway Suite 143 Walpole MA 02081
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12.	Ganst-Lamb
The office are true to a third do	Signature of Director or Officer error director signing this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes egree felony as provided for in s.817.155, F.S.
13 Jane	et Lamb - President

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



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UNIVERSAL MEDICAL, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202958971

Date: 07-27-17

6491674 8300

SR# 20175439998