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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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S. ROBERTS

DEC 2 1 2022

COVER LETTER

	tration Section ion of Corporations			
SUBJECT:	MGI Inc.			
	Name o	f corporation -	must include suffix	
Dear Sir or M	adam:			
"Certificate of	"Application by Foreign Corf Existence," or "Certificate coded foreign corporation to tra	of Good Stand	ing" and check are submi	
Please return :	all correspondence concerning	ig this matter t	o the following:	
Michelle Black	:			
	··	Name of P	erson	
MGI Inc.				
		Firm/Comp	any	
943 W Overlar	nd Rd., Suite 124			
		Addres	ss	<u>-</u>
Meridian, ID 8	3642			
		City/State an	d Zip code	
accounting@m	edicalgasinstallers.com			
	E-mail address:	(to be used fo	r future annual report not	ification)
For further in	formation concerning this ma	itter, please ca	II:	
Michelle Black	;	208 at (264-1001, ext 4	
Name	e of Person	Area Code	Daytime Telepho	ne Number
Regis Divisi The C 2415	EET/COURIER ADDRESS tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		tion porations
Enclosed is a Please make ch \$\infty\$ \$70.00 Fili	check for the following amore eck payable to: FLORIDA DE ing Fee	PARTMENT (S87.50 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.

MGI,Inc.				
(Enter name of c	orporation: must include "INCORPORATED." · orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"		
Medical Gas Ins	stallers Inc.			
(If name unavail	able in Florida, enter alternate corporate name ad-	opted for the purpose of transacting business	in Florida	
2. Idaho	3 8:	85-1084160		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
4. May 18, 2020	5.			
	of incorporation)	(Date of duration, if other than perpet	perpetuai)	
6.				
7. 943 W Overland	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 Rd., Suite 124, Meridian, ID 83642	. F.S., to determine penalty liability)		
	(Principal office	street address)		
	(Current mailing a	ddress, if different)		
	et address of Florida registered agent: (P.O. I Registered Agents Inc	Box <u>NOT</u> acceptable)	2027 pm;	
Name:		<u> </u>	73	
Office Address:	7901 4th St N STE 300	_		
	St. Petersburg	, Florida 33702 .	PH 2:	
	(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.

Registered Agents Inc.
Bill Havre - Assistant Secretary
(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.

1). For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

A. DIRECTORS Kyle Black Michelle Black □ Chairman Name: □Chairman 943 W Overland., Suite 124 943 W Overland Rd., Suite 124 □Vice Chairman Address: □Vice Chairman Address: Meridian, ID 83642 Meridian, ID 83642 Director □ Director President □ President ☐Vice President □Vice President □ Secretary ☐Treasurer **■**Secretary Treasurer □Other _____ □Other _____ □Other _____ □Other _____ Name: _____ Name: ___ □ Chairman □Chairman □Vice Chairman Address: _____ □Vice Chairman Address: Director □ Director \square President □ President □Vice President _ □Vice President ☐ Secretary □ Treasurer □ Secretary □Treasurer □Other _____ □ Other _____ □ Other _____ Other ____ Name: _____ □ Chairman □ Chairman □Vice Chairman Address: □Vice Chairman Address: □ Director □ Director □President President □Vice President __ □Vice President ☐ Secretary □Treasurer □ Secretary □ Treasurer □ Other _____ □Other ______ □Other _____ □Other ______ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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.

Kyle Black, President



STATE OF IDAHO

Lawerence Denney | Secretary of State **Business Office** 450 North 4th Street PO Box 83720 Boise, ID 83720

December 5, 2022

Request Type: Certificate of Existence/Filing

Request #:

0005013957

Receipt #:

000748923

Regarding: MGI, INC.

Filing Type: General Business Corporation (D)

Formation/Qualification Date: 05/18/2020

Status:

Active-Good Standing

Duration Term:

Perpetual

Issuance Date: 12/05/2022

Copies Requested:

3878918

File #:

Formation Locale: IDAHO

Inactive Date:

Certificate of Existence

I, Lawerence Denney, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

MGI, INC.

is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above.

Lawerence Denney

Idaho Secretary of State

Verification #: 021134321 Processed By: Business Division

Phone: 208-334-2301 * Email: business@sos.idaho.gov * Website: sosbiz.idaho.gov