

F95000005237

TRANSMITTAL LETTER

October 17, 1995

TO: Qualification/Tax Lien Section
Division of Corporations

500001618435
-10/24/95--01043--010
*****70.00 *****70.00

SUBJECT: Medical Gas Technology, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Connie Miller or Gail Driscoll
(Name of Person)

Medical Gas Technology, Inc.
(Firm/Company)

5980 Lake Wylie Road
(Address)

Lake Wylie, SC 29710
(City/State/Zip)

9/10/26
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Should you need to call someone concerning this matter, please call:

Gail Driscoll or Connie Miller at (803) 831-0040
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**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. Medical Gas Technology, Inc.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. South Carolina
(State or country under the law of which it is incorporated)
3. 57-09-72742
(FEI number, if applicable)
4. 3-25-93
(Date of Incorporation)
5. "Perpetual"
(Duration: Year corp. will cease to exist or "perpetual")
6. October 1, 1995
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 5980 Lake Wylie Road
Lake Wylie, SC 29710
(Current mailing address)
8. Service, Repair, Testing & Certification of Medical Gas Systems & Equipment
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**

Name: Della Mason

Office Address: Rt # 1 Box 2367

O'Brien, Florida, 32071
(Zip Code)

10. 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.

X 
(Registered agent's signature)

11. 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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12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: Richard L. Miller

Address: 5980 Lake Wylie Road, Lake Wylie, SC 29710

Vice Chairman: Connie D. Miller

Address: 5980 Lake Wylie Road, Lake Wylie, SC 29710

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Richard L. Miller

Address: 5980 Lake Wylie Road

Lake Wylie, SC 29710

Vice President: Connie D. Miller

Address: 5980 Lake Wylie Road

Lake Wylie, SC 29710

Secretary: Gail B. Driscoll

Address: 6000 Lake Wylie Road

Lake Wylie, SC 29710

Treasurer: Connie D. Miller

Address: 5980 Lake Wylie Road, Lake Wylie, SC 29710

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Connie D. Miller

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Connie D. Miller - Vice President

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

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The State of South Carolina



SECRETARY'S OFFICE
DIVISION OF CORPORATIONS
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Office of Secretary of State Jim Miles Certificate of Existence

I, Jim Miles, Secretary of State of South Carolina Hereby certify that:

MEDICAL GAS TECHNOLOGY, INC.,

a corporation duly organized under the laws of the State of South Carolina on **March 25th, 1993**, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to Section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of
the State at Columbia this 5th day of
September, 1995.

A handwritten signature in cursive script, reading "Jim Miles".

Jim Miles, Secretary of State

Note: This certificate does not contain any representation concerning fees or taxes owed by the Corporation to the South Carolina Tax Commission or whether the Corporation has filed the annual report with the Tax Commission. If it is important to know whether the Corporation has paid all taxes due to the State of South Carolina, and has filed the annual reports, a certificate of compliance must be obtained from the Tax Commission.

F95000005237

MGT MEDICAL GAS TECHNOLOGY
1000 Lake Wylie Road
Lake Wylie, S.C. 29710

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Medical Gas Technology, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input checked="" type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

South Carolina
(Incorporated Under Laws Of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.


The following is a current mailing address to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

MEDICAL GAS TECHNOLOGY, INC.
(Mailing Address)

5980 Lake Wylie Road

Lake Wylie, SC 29710 (City/State/Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

 _____
Richard L. Miller Signature President, Chairman Title

05/12/97
Typed or printed name Date