F970005555629

To: Qualification/Tax Lien Section Division of Corporations				
SUBJECT: M.I.G SUPPLY (Name	of corporation - must include suffix)			
Dear Sir or Madam:	•			
Dear Sir or Madam:				
The enclosed "Application by Foreign Cor "Certificate of Existence", and check are s transact business in Florida.				
Please return all correspondence concerning	ng this matter to the following:			
DANNY J	(Name of Person)	-		
M.1.4. SUPF	(Firm/Company)			
P.O. Box 66	67 PROGRESS DR (Address)	<u>- 1</u>		
<u>COLUMBU</u>	5, IN . 47202-066 (City/State/Zip)	7_		
Should you need to call someone concerning	ng this matter, please call:	1002320903: -10/15/9701068002 ******70.00 ******70.00		
DANNY T. SMITH (Name of Person)	at (812) 378-0786 (Area Code & Daytime Telephone	w97-23572		
		· · · · · · · · · · · · · · · · · · ·		
COURIER ADDRESS:	MAILING ADDRESS:	SEC 97 01		

Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 SECRETARY OF STATE

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 15, 1997

DANNY J. SMITH M.I.G. SUPPLY CO., INC. P.O. BOX 667 PROGRESS DR. COLUMBUS, IN 47202-0667

SUBJECT: M.I.G. SUPPLY CO., INC.

Ref. Number: W97000023572

We have received your document for M.I.G. SUPPLY CO., INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 097A00050517

SECRETARY OF STATE DIVISION OF CORPORATION

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 60°.1503. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	M.I.G SUPPLY COMPANY IN CORPORATED	
	(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.)	
	Indiana	
2.	1/1/11/01/01/01/01/01/01/01/01/01/01/01/	
	(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4.	1/4/88 5 PERPETUAL	
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6.	10/1/97	
	(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	_
7.	P.C. BCX 667	
	CELLONIBUS IN 47202-0667	
	(Current mailing address)	
8.	DELIEVERY OF OXYGEN TO HEALH CARE FACILITIES	` ; ≥ ⊝
	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	<u>≥</u> ∞
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	ORCE -
	Name: JEAN Renaud PoliER	F 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
Οf	Fice Address: 124 SOUTH FEDERAL HWY POMPANO BEACH	F STAT
		Ž,
	SUIET 5 , Florida, 330 64 (Zip code)	s
	(—·F)	

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.

(Keginered 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.
- 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: WM E. SMITH		
Address: 10530 JAYWICK		
FISHERS, IN 46038		
Vice Chairman:		
Address:		
Director:		
Address;		
Director:		
Address:		
B. OFFICERS (Street address only - P.O. Box NOT acceptable)		
President: JEFFREY L. SMITH	_۰	므
Address: 10130 BAHAMA CIRCLE	8	SEOR /ISIO
FISHERS, IN 46038	127	유로 <u>구</u>
Vice President: DANNY J. SMITH	3	250 250 250 250
Address: 630 CRESTON POINT CIRCLE	က္က	NATE STATE
INDPLS, IN 46239	0	SIT
Secretary: DEBRA A. SMITH		
Address: 10130 BAHAMA CIRCLE		
FISHERS, IN 46038		
Treasurer:		
Address:	·	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.		· · · · · · · · · · · · · · · · · · ·
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(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)		
14. DANNY J. SMITH		
(Typed or printed name and capacity of person signing application)		

STATE OF INDIANA

OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

M.I.G. SUPPLY CO., INC.

filed Articles of Incorporation on January 04, 1988, and is a corporation duly organized and existing under and by virtue of the laws of the State of Indiana.

I further certify this corporation has filed its most recent annual report required by Indiana law with the Secretary of State, or is not yet required to file such annual reports, and that Articles of Dissolution have not been filed.

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In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Seventh day of October, 1997.

SUE ANNE GILROY, Secretary of State

Deputy