# 98000003702

#### TRANSMITTAL LETTER

TO:	Qualification/7	Tax Lien Section
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Division of Corporations

100002574831--9

-06/29/98--01067--003 \*\*\*\*\*\*70.00 \_\*\*\*\*\*70.00

SUBJECT: SIZEWise Rentals, 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:

Melissa Stanton, Accounting		W = -
(Name of Person)	8 AT	
	98 JUN SECRE	
SIZEWise Rentals, Inc.		
(Firm/Company)	98 JUN 29 SECRETARY ALLAHASSE	
	<u>m</u> -<	
204 W. 2nd, P.O. Box 320		Ö
(Address)	2: 22 STATE LORID	
	3 22 TATE ORIDA	111
Ellis, KS 67637		11/20/98
(City/State/Zip)	1	14/30/28
	SW	

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

at (785) 726-4885 (Area Code & Daytime Telephone Number) Melissa Stanton (Name of Person)

### **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.	SIZEWise Rentals, Inc.  (Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or include the word "INCORPORATED", "COMPANY", "CORPORATION" or instead of a
	(Name of corporation: must include the word "INCORPORATED", COMPANT, Condition 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.	Kansas 3. 74-2806835  (State or country under the law of which it is incorporated) (FEI number, if applicable)
٠.	(State or country under the law of which it is incorporated)  3
4.	12/2/96  5. Perpetual (Duration: Year corp. will cease to exist or
4.	12/2/96  (Date of Incorporation)  5. Perpetual  (Duration: Year corp. will cease to exist or "perpetual")
	!
6.	None yet-(anticipated 7/1/98)
υ.	The state of the s
7.	P.O. Box 320  P.O. Box 320
1.	
	Ellis, KS 67637
	(Current mailing address)
	RAIE 22
8	rental of durable medical equipment to aid in the care of obese patients
	(Purpose(s) of corporation authorized in nome state of country to be carried out in any
9	. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
	Name: Superior Medical Systems, Inc.
	Name 1
	Office Address: 13191 56th Court, Suite 104
	Clearwater, Florida, 34620
	(Zip Code)
1	0. Registered agent's acceptance:
r	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.
	Laur W Bluden (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.

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: (See Officers below) Address: Vice Chairman: Director: Address: Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Willard Lee Frickey Address: 204 W. 2nd St. Ellis, KS 67637 \_\_\_\_\_ Vice President: Address: Secretary: Jacqueline R. Frickey Address: \_\_\_ 204 W. 2nd St. Ellis, KS 67637 Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Willard Lee Frickey, President

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

# STATE OF KANSAS

OFFICE OF SECRETARY OF STATE RON THORNBURGH



# To all to whom these presents shall come, Greetings:

I, RON THORNBURGH, Secretary of State of the state of Kansas, do hereby certify that I am the custodian of records of the State of Kansas relating to corporations of and that I am the proper official to execute this AR Certificate.

I FURTHER CERTIFY THAT

SIZEWISE RENTALS, INC.

is a regularly and properly organized corporation where the laws of the state of KANSAS, having been incorporated in Kansas on the 2nd day of December, A.D. 1996 and has paid all fees and franchise taxes due this office and is in good standing according to the records now on file in the office of Secretary of State.

In testimony whereof: I hereto set my hand and cause to be affixed my official seal. Done at the City of Topeka, this 17th day of June, A.D. 1998



RON THORNBURGH SECRETARY OF STATE