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SECRETARY OF STATE

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4. Due O

Allied Healthcare Services, Ltd.

793 Christopher Drive, Marion, Oh 43302 • (740) 725-1222 • (740) 725-0222 (fax)

November 20, 2002

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Department of Corporations:

This letter of transmittal includes the following:

- 1. Application by Foreign Limited Liability Corporation for Authorization to Transact Business in Florida
- 2. Original Certificate of Existence
- 3. Check in the amount of \$125.00 for the following:
 - a. \$100.00 Filing Fee for Application
 - b. \$ 25.00 Designation of Registered Agent

Arthur Lowe, III

Manager



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

December 6, 2002

ARTHUR LOWE, III ALLIED HEALTHCARE SERVICES, LTD. 793 CHRISTOPHER DRIVE MARION, OH 43302

SUBJECT: ALLIED HEALTHCARE SERVICES, LTD.

Ref. Number: W02000034280

We have received your document for ALLIED HEALTHCARE SERVICES, LTD. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a foreign limited liability company must end with "L.L.C," "L.C.," "Limited Liability Company," or "Limited Company." Please amend your application accordingly.

You can also use the abbreviation of Ltd. Co.

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) 245-6913.

Letter Number: 102A00064819

Diane Cushing Corporate Specialist

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

, IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Allied Healthcare Services, Ltd. Care (Name of foreign limited liability company) 2. OHIO (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) Perpetual 4. September 5, 2002 (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") October (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 793 Christopher Drive Marion, OH 43302 (Street address of principal office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows Arthur Lowe, III, 793 Christopher Drive, Marion, OH 43302 William H. Haas, 713 7th Street, Marietta, OH 45750 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under outh of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Training inmates at the Federal Correctional Institution, Talliahassee, FL Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

Arthur Lowe, III

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The name of the Limited Liability Company is:

2. The name and the Florida street address of the registered agent and office are:

(City/State/Zip)			£ 4 43	
Tallahassee,	FL 32317		2	
Florida street address (P.O. Box NOT ACCEPTABLE)		ASSEE	C 30	
6050 Redfield Circle			图	
(Name)		SEC TALI		
Valita Widdop				

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

(Signature)

Alllied Healthcare Services, Ltd. ⊂ o.

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show ALLIED HEALTHCARE SERVICES, LTD., an Ohio Limited Liability Company, Registration No. 1342523, was organized within the State of Ohio on September 25, 2002, is currently in FULL FORCE AND EFFECT upon the records of this office.

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SECRETARY OF STATE
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Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 18th day of November, A.D. 2002.

Ohio Secretary of State