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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

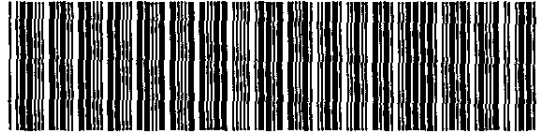
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 FEB 24 PM 4:14

APPROVED
AND
FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S&B HOME MEDICAL SUPPLY, LLC
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

BOB ROTH
(Name of Person)

S&B HOME MEDICAL SUPPLY, LLC
(Firm/Company)

21816 GAITHERS MEADOW LANE
(Address)

BROOKEVILLE, MD 20833
(City/State and Zip Code)

For further information concerning this matter, please call:

MORDY KATZ
(Name of Person)

at 323-936-2777 X103
(Area Code & Daytime Telephone Number)

MAILING ADDRESS:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:


☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

1. S&B HOME MEDICAL SUPPLY LLC
(Name of Foreign Limited Liability Company)
2. MS 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 01/03/2006 5. PERPETUAL
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. 03/22/2006
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 21816 GAITHERS MEADOW LANE
BROOKEVILLE, MD 20833
(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:
BOB ROTH, 21816 GAITHERS MEADOW LANE, BROOKEVILLE, MD 20833
SCOTT HIRSCH, P.O. BOX 64406, LOS ANGELES, CA 90064
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 oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: _____

RETAIL SALES OF HOME MEDICAL EQUIPMENT


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.)

BOB ROTH

Typed or printed name of signee

06 FEB 24 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

STATE OF FLORIDA
REGISTERED AGENT CONSENT FORM

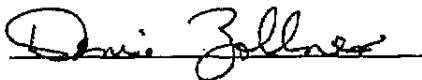
DATE: February 6, 2006

ENTITY NAME: S&B HOME MEDICAL SUPPLY LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
236 East 6th Avenue
Tallahassee, FL 32303

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in that capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.



Denise Zollner, Assistant Secretary
Paracorp Incorporated

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 FEB 24 PM 4:14

APPROVED
AND
FILED

APPROVED
AND
FILED

State of Mississippi

06 FEB 24 PM 4:14

Office of the Secretary of State

Eric Clark, Secretary of State
Jackson, Mississippi

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

S&B HOME MEDICAL SUPPLY LLC

Formed January 3, 2006

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

840 TRUSTMARK BLDG 248 E CAPITOL ST
JACKSON MS 39201

and that the registered agent at that address is:

NATIONAL REGISTERED AGENTS INC

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.



Given under my hand
and seal of office
February 6, 2006

Eric Clark

ERIC CLARK
Secretary of State