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COVER LETTER

Division of Corporations	
SUBJECT: ARC MEDICAL SALES, LLC	
(Name of Limite	d Liability Company)
	lity Company for Authorization to Transact Business in mitted to register the above referenced foreign limited
Please return all correspondence concerning this mat	ter to the following:
RICHARD GALLANT	
(Name	e of Person)
PACIFIC MEDICAL REPAIR	SEC OF
(Firm	(Company)
11496 PIERSON RD, SUITE	C8 Address)
(A	Address)
WELLINGTON, FL 33414	
(City/State	and Zip Code)
For further information concerning this matter, please	e call:
RICHARD GALLANT	at (603) 578-2600
(Name of Person)	(Area Code & Daytime Telephone Number)
	STREET ADDRESS:
-	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle [Fallahassee, FL 3230]
Enclosed is a check for the following amount: S\$125.00 Filing Fee \$\text{Certificate of State}\$	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate atus Certified Copy of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 12, 2006

RICHARD GALLANT 11496 PIERSON RD STE C8 WELLINGTON, FL 33414

SUBJECT: ARC MEDICAL SALES, LLC

Ref. Number: W06000040013

We have received your document for ARC MEDICAL SALES, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 106A00054899

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ARC MEDICAL SALES, LLC, (Name of Foreign Limited)	reality Company
 NEW HAMPSHIRE (Jurisdiction under the law of which foreign limited liability company is organized) 	3. 20-2751286 (FEI number, if applicable)
4. 8-23-06 (Date of Organization)	(FEI number, if applicable) 5. PERPETUAL (Duration: Year limited liability company will cease by
6. 8-23-06	exist or "perpetual")
(Date first transacted business in F (See sections 608.501 & 608.502 F.	Torida, if prior to registration.) S. to determine penalty liability)
7. 17 CLINTON DRIVE, UNIT A, HOLLIS NH 03	92
(Street Addres	ss of Principal Office)
·	<u> </u>
 If limited liability company is a manager-manage 	d company, check here [✓]
9. The name and usual business addresses of the ma	naging members or managers are as follows:
RICHARD GALLANT, 17 CLINTON DRIVE, UNIT	A, HOLLIS NH 03049
FRANK MAJEROWICZ, 9 W AYLESBURY RD	, SUITE C, TIMONIUM MD 21093
WILLIAM R SKELLEY, 17 CLINTON DRIVE	E, UNIT A, HOLLIS NH 03049
10. Attached is an original certificate of existence, no more than 90 the jurisdiction under the law of which it is organized. (A photoco translation of the certificate under oath of the translator must be suf-	
11. Nature of business or purposes to be conducted of	or promoted in Florida:
MEDICAL EQUIPMENT REPAIR	
Signature of a member or an a	Helly— uthorized representative of a member.
(In accordance with section 608.408(3),	F.S., the execution of this document constitutes rjury that the facts stated herein are true.)
RICHARD GALLANT	
Typed or printe	ed name of signee

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.

The name of the Limited Liability Company is: ARC MEDICAL SALES, LLC,	06 BCT
2. The name and the Florida street address of the registered agent and office are:	24 PM
JAMES J FRANCHI (Name)	2: 23 FLOADA
11496 PIERSON RD, SUITE C8 Florida Street Address (P.O. Box NOT ACCEPTABLE)	r T
WELLINGTON FL 33414 FL City/State/Zip	

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, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

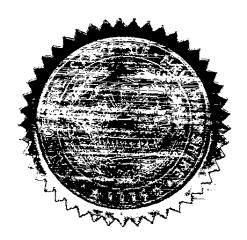
\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

State of New Hampshire Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that ARC MEDICAL SALES LLC is a New Hampshire limited liability company formed on APRIL 20, 2005. I further certify that it is in good standing as far as this office is concerned, having filed the annual report(s) and paid the fees required by law; and that a certificate of cancellation has not been filed.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 19th day of October, A.D. 2006

William M. Gardner Secretary of State