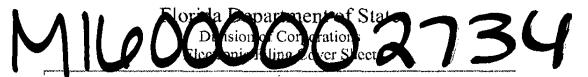
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13239628300 From: Amanda Sando Page 1 of 2

Division of Corporations



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Foreign Limited Liability Company NORTHRUP MEDICAL SUPPLY LLC

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

| | ight issuition blackery company (times them. | de "Limited Liability Company," "L.L.C.," or "L | LC."} | | |
|--|--|--|---|--------------------------------|------------------|
| Liability Company," "L.L.C," | ternate name adopted for the purpose of tra | nsacting business in Florida. The alternate name r | nust Include | "Limited | |
| 2. NEW YORK | 3. | | | | |
| (Jurisdiction under the law company is organized) | of which foreign limited liability | (FEI number, if applicable) | | | |
| 4. 04/20/2016 | | | | | |
| | (Date first transacted business in F (See sections 605,0904 & 605,0905, | lorida, il prior to registration.) P.S. to determine penalty liability) | | | |
| 5. 228 Park Avenue Sout | h, #41071 | | | | |
| New York, New York | | | Sec | | • |
| (Street Address of Principal Office) | | | | ත | |
| 6. 228 Park Avenue South, #41071 | | | 20- 37 | E. | tracents |
| New York, New York | 10003 | | \$ \ | 20 | n marana |
| HEW JOIK, HEW TORK | (Mailing Addres | 5) | 10 2 | 1 | 1 TOWNERS |
| | | | | | e Proma |
| 7. Name and street address | s of Florida registered agent: (P.O. Bo | x NOT acceptable) | 17 (7) | = | Great with |
| Name: | United States Corporation Agents, In | ic. | 25 | بې | · Land |
| Office Address: | 13302 Winding Oaks Court Suite A | - appeal to Spreader referred - The print of | DRIO | 37 | |
| | Tampa | , Florida 33612 | | | |
| | | | | | |
| Registered agent's accep | (City) | (Zip code) | | | |
| Having been named as re designated in this applica to complywith the provisi | tance: gistered agent and to accept service of ston, I hereby accept the appointment ons of all statutes relative to the prope my position as registered agent. | (Zip code) f process for the above stated limited Hability as registered agent and agree to act in this or and complete performance of my duties, a Choyonne Mosoloy, assistant to behalf of United States Corpora | capacity. 1 j and I am fan socretary c | further : nillar w on | agree ith and |
| Having been named as re designated in this applica to complywith the provisi accept the obligations of t | tance: gistered agent and to accept service of ston, I hereby accept the appointment ons of all statutes relative to the prope my position as registered agent. (Registered a | process for the above stated limited liability as registered agent and agree to act in this c rand complete performance of my duttes, a Choyonne Mosaley, assistant of behalf of United States Corpora | capacity. 1 j and I am fan socretary c | further : nillar w on | agree ith and |
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State of New York Department of State 3 st

I hereby certify, that NORTHRUP MEDICAL SUPPLY LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company law on 08/19/2009, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



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Witness my hand and the official seal of the Department of State at the City of Albany, this 25th day of March two thousand and sixteen

Anthony Giardina Executive Deputy Secretary of State