

F07000001764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

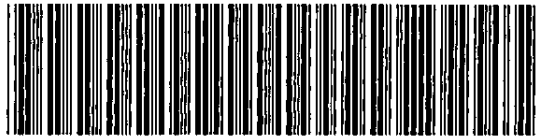
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

645.
W07-11549



000090556170

03/06/07--01039--008 **78.75

FILED
07 APR -2 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J 4/3/07

FILED

COVER LETTER

07 APR -2 AM 9:00

TO: New Filing Section
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: 02 Respiratory Medical Equipment, 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:

Israel Nawarro
(Name of Person)
02 Respiratory Medical Equipment, Inc.
(Firm/Company)
500 N. Kimball Ave Suite 106
(Address)
Southlake TX 76092
(City/State and Zip code)

For further information concerning this matter, please call:

Israel Nawarro at (817) 695-4194 or 817-845-4224
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED

07 APR -2 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 19, 2007

ISRAEL NAVARRO
364 WILSHIRE BLVD.
CASSELBERRY, FL 32707

SUBJECT: O2 RESPIRATORY MEDICAL EQUIPMENT, INC.
Ref. Number: W07000011549

We have received your document for O2 RESPIRATORY MEDICAL EQUIPMENT, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return the original and one copy of 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) 245-6973.

Claretha Golden
Document Specialist
New Filing Section

Letter Number: 007A00018848



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
07 APR -2 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 8, 2007

ISRAEL NAVARRO
364 WILSHIRE BLVD.
CASSELBERRY, FL 32707

SUBJECT: O2 RESPIRATORY MEDICAL EQUIPMENT, INCORPORATED
Ref. Number: W07000011549

We have received your document for O2 RESPIRATORY MEDICAL EQUIPMENT, INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The date of incorporation on the application must match the date on the certificate.

Please return the original and one copy of 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) 245-6973.

Claretha Golden
Document Specialist
New Filing Section

Letter Number: 007A00016557

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. DR Respiratory Medical Equipment, Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co." or "Corp.")

DR Respiratory Home medical Equipment
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Texas 3. 75-2746468
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 5, 1998 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Feb 28, 2007
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 500 W. Kimball Ave Suite 106 Southlake, Tx 76092
(Principal office address)

500 W. Kimball Ave Suite 106 Southlake, Tx 76092
(Current mailing address)

8. medical device distributor oxygen retailer
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Israel Dawarro

Office Address: 364 Wilshire Blvd.

Casselberry Florida
(City)

32707
(Zip code)

10. Registered agent's acceptance:

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.

[Handwritten signature]
(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.

FILED
07 APR -2 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Israel Navarro

Address: 500 W. Kimball Ave Suite 106
Southlake, TX 76092

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Israel Navarro

Address: 500 W. Kimball Ave Suite 106
Southlake, TX 76092

Vice President: _____

Address: _____

Secretary: _____

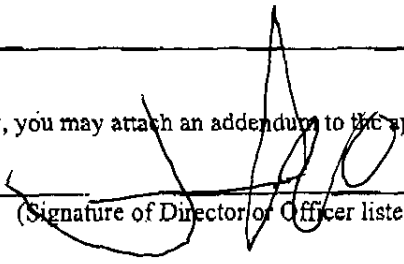
Address: _____

Treasurer: _____

Address: _____

FILED
07 APR - 2 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

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

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Roger Williams
Secretary of State

Office of the Secretary of State

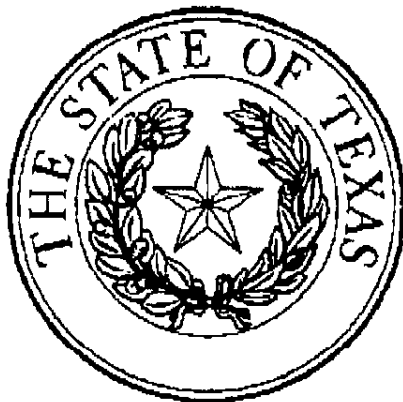
Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for O2 Respiratory Medical Equipment, Inc. (file number 149331400), a Domestic For-Profit Corporation, was filed in this office on June 05, 1998.

It is further certified that the entity status in Texas is in existence.

FILED
07 APR -2 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 28, 2007.



Roger Williams
Secretary of State