

6/6/2014 13:08:33 From: To: 8506176381

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Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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FOREIGN PROFIT/NONPROFIT CORPORATION  
NGINSTRUMENTS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$1,020.00

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TALLAHASSEE, FLORIDA

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*[Handwritten signature]*

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** NGInstruments 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," or "Certificate of Good Standing" 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:

**Rachel Becker**

Name of Person

**Nemcomed FW LLC**

Firm/Company

**8727 Clinton Park Drive**

Address

**Fort Wayne IN 46825**

City/State and Zip code

**rbecker@nemcomed.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Rachel Becker**

at **260** , **480-5242**

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

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANACT BUSINESS IN THE STATE OF FLORIDA.*

1. NGInstruments, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Indiana

(State or country under the law of which it is incorporated)

3. 35-1956276

(FEI number, if applicable)

4. 06/09/1995

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 03/01/2011

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

7. 4643 North State Road 15 Warsaw IN 46582

(Principal office address)

4643 North State Road 15 Warsaw IN 46582

(Current mailing address)

8. Make Medical Equipment and Supplies for Sale

(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: C T Corporation

Office Address: 1200 South Pine Road

Plantation, Florida 33324

(City) (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.*



(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.

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

A. DIRECTORS

Chairman: Joseph Damico

Address: 272 W. Deerpath Rd. , Suite 350  
Lake Forest IL 60045

Vice Chairman: Forrest Whittaker

Address: 272 E. Deerpath Rd., Suite 208  
Lake Forest IL 60045

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: Forrest Whittaker

Address: 272 E. Deerpath Rd., Suite 208  
Lake Forest IL 60045

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Barbara Sullivan

Address: 272 E. Deerpath Rd., Suite 208 Lake Forest IL 60045

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. Barbara M. Sullivan  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.135, P.S.

14. BARB SULLIVAN, CFO / SECRETARY  
(Typed or printed name and capacity of person signing application)

**STATE OF INDIANA  
OFFICE OF THE SECRETARY OF STATE  
CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greetings:

I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

**NGINSTRUMENTS, INC.**

duly filed the requisite documents to commence business activities under the laws of State of Indiana on June 09, 1995, and was in existence or authorized to transact business in the State of Indiana on June 06, 2014.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Sixth Day of June, 2014.

*Connie Lawson*

Connie Lawson, Secretary of State

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