



State of Rhode Island
Office of the Secretary of State

Fee: \$310.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Corporation
Application for Certificate of Authority

(Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The name of the corporation is Orchid Medical, Inc.

SECTION II

It is incorporated under the laws of State: FL Country: USA

This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing

SECTION III

The name, if different, which it elects to use in Rhode Island:

(a) If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island **OR**

(b) if the corporation proposes to qualify and transact business under a different name, list that name:

Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application

SECTION IV

The date of its incorporation is 5/16/2002

and the period of its duration is Perpetual

SECTION V

The location of its principal office is

No. and Street: 622 E. WASHINGTON ST. #500

City or Town: ORLANDO

State: FL

Zip: 32801

Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 222 JEFFERSON BOULEVARD, SUITE 200

City or Town: WARWICK

State: RI

Zip: 02888

and the name of its proposed registered agent in Rhode Island at that address is CORPORATION SERVICE COMPANY

SECTION VII

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

ALL OTHER INSURANCE RELATED ACTIVITIES

SECTION VIII

(a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	KIMBERLY D. BROWN	8125 SEDGWICK WAY MEMPHIS, TN 38125 USA

TREASURER	HENRY C. LYNONS	8125 SEDGWICK WAY MEMPHIS, TN 38125 USA
SECRETARY	STEPHEN R. HURLEY	8125 SEDGWICK WAY MEMPHIS, TN 38125 USA
VICE PRESIDENT	J. EDWARD PEEL	8125 SEDGWICK WAY MEMPHIS, TN 38125 USA
DIRECTOR	KIMBERLY D. BROWN	8125 SEDGWICK WAY MEMPHIS, TN 38125 USA
DIRECTOR	STEPHEN R. HURLEY	8125 SEDGWICK WAY MEMPHIS, TN 38125 USA

(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	KIMBERLY D. BROWN	8125 SEDGWICK WAY MEMPHIS, TN 38125 USA
TREASURER	HENRY C. LYNONS	8125 SEDGWICK WAY MEMPHIS, TN 38125 USA
SECRETARY	STEPHEN R. HURLEY	8125 SEDGWICK WAY MEMPHIS, TN 38125 USA
VICE PRESIDENT	J. EDWARD PEEL	8125 SEDGWICK WAY MEMPHIS, TN 38125 USA
DIRECTOR	KIMBERLY D. BROWN	8125 SEDGWICK WAY MEMPHIS, TN 38125 USA
DIRECTOR	STEPHEN R. HURLEY	8125 SEDGWICK WAY MEMPHIS, TN 38125 USA

SECTION IX

The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Num of Shares</i>	
CWP			\$1.0000	1,000.00

Signed this 19 Day of May, 2023 at 4:32:45 PM by the officer(s). *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.*

By STEPHEN R. HURLEY
Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

State of Florida

Department of State

I certify from the records of this office that ORCHID MEDICAL INC. is a corporation organized under the laws of the State of Florida, filed on May 16, 2002.

The document number of this corporation is P02000055400.

I further certify that said corporation has paid all fees due this office through December 31, 2023, that its most recent annual report/uniform business report was filed on March 7, 2023, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Sixteenth day of May, 2023*




Secretary of State

Tracking Number: 6105394691CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of ORCHID MEDICAL INC., a corporation organized under the laws of the State of Florida, filed on May 16, 2002, as shown by the records of this office.

The document number of this corporation is P020000055400.



Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Sixteenth day of May, 2023




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Secretary of State

CR25E022 (01-11)

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Drehid Medical INC
~~2494 NEPTUNE RD,~~
2494 NEPTUNE RD,
KISSIMMEE FL 34744

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
SALE of Medical Supplies

ARTICLE IV SHARES

The number of shares of stock is:
100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

JAMES A. SABETHO President

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

NANCY A. McARNEY
102 PARK PLACE BLVD
STE B-3, KISSIMMEE, FL 34741

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JAMES A. SABETHO
2494 NEPTUNE RD,
KISSIMMEE FL 34744

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Nancy A. McArney
Signature/Registered Agent

5/16/02
Date

James A. Sabetho
Signature/Incorporator

5/2/02
Date

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 MAY 16 AM 8:58