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J. SAULSBERRY EXAMINER NOV 1 8 2011

## , COVER LETTER

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TO: Registration Section Division of Corporations	
SUBJECT: Dartmed, L.L.C.	
Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Fle Existence, and check are submitted to register the above referenced foreign limited liability company to transact	orida," Certificate of at business in Florida
Please return all correspondence concerning this matter to the following:	
Andy Maca	
Name of Person	
Katskee, Henatsch & Suing	
Firm/Company	-
10404 Essex Court, Suite 100	
Address	
Omaha, Nebraska 68114	TALLAHASSE
City/State and Zip Code	SER 7
kdartman@dartmedinc.com	AM 9: 12 OF STATE EE. FLORID
E-mail address: (to be used for future annual report notification)	9: 12 DORID
For further information concerning this matter, please call:	10A
Andy Maca at (402 ) 391-1697	
Name of Person Area Code & Daytime Telephone Number	
MAILING ADDRESS:  Division of Corporations  Registration Section  P.O. Box 6327  Tallahassee, FL 32314  STREET ADDRESS:  Division of Corporations  Registration Section  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301	
Enclosed is a check for the following amount:  S125.00 Filing Fee \$\infty\$ \$\infty\$\$ \$\infty\$\$\$ \$\infty\$\$\$\$ \$\infty\$\$\$ \$\infty\$\$\$ \$\infty\$\$\$\$ \$\infty\$\$\$\$\$ \$\infty\$\$\$\$ \$\infty\$\$\$\$\$ \$\infty\$\$\$\$\$ \$\infty\$\$\$\$\$ \$\infty\$\$\$\$\$\$ \$\infty\$\$\$\$\$\$\$\$\$ \$\infty\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$	ertificate Copy

# 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 LIBILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;					
1. Dartmed, L.L.C.					
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")					
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written					
consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")					
2. Nebraska  (Jurisdiction under the law of which foreign limited liability  (FEI number, if applicable)					
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)					
4. October 30, 2007 5. October 30, 2037					
(Date of Organization)  (Date of Organization)  (Duration: Year limited liability company will cease to					
exist or "perpetual")					
6. Has not yet transacted business in Florida					
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)					
7. 16707 Q Street, Suite 2C 55 Q					
Omaha Nahraska 69135					
Omaha, Nebraska 68135 (Street Address of Principal Office)					
8. If limited liability company is a manager-managed company, check here					
9. The name and usual business addresses of the managing members or managers are as follows:					
Kay L. Dartman, Member					
16707 Q Street, Suite 2C					
Omaha Nahraaka 69135					
Omaha, Nebraska 68135					
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in					
the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a					
translation of the certificate under oath of the translator must be submitted.)					
11. Nature of business or purposes to be conducted or promoted in Florida:					
Durable Medical Equipment Services					
Durable Medical Equipment Services					
Ley Latren 10-28-11					
Signature of a member or an authorized representative of a member.					
(In accordance with section 568.408(3), F.S., the execution of this document constitutes an affirmation under the					
penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a					
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)					
Kay L. Dartman					

Typed or printed 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.

1. The name of the Limited Liability Co	mpany is:	
Dartmed, L.L.C.		
If unavailable, the alternate to be used in	the state of Florida is:	
2. The name and the Florida street addre	ess of the registered agent and office	
CT Corporation Syste	em	AS S
	(Name)	2011 NOV 17 SECRETARI FALLAHASS
1200 South Pine Is	land Road	
Florida Street Address (P.O. Box NOT ACCEPTABLE)		بيوية ب رئ ⊶م
Plantation	<sub>FL</sub> 33324	9: 12 ORIDA
	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.

Katie Szramek Assistant Secretary

\$ 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**



#### **NEBRASKA**

United States of America, State of Nebraska

**Department of State** Lincoln, Nebraska

ereby certify; I, John A. Gale, Secretary of / 400000000

BEFORE

with its registered office located in OMAHA, Nebraska, filed of Organization in this office on October 30, 2007.

I further certify that said limited liability company

affixed the Great Seal of the State

**OF STATE** 

This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

