Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

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Foreign Limited Liability Company NxStage North Palm Beach County, LLC

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Corporate Filing Menu

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10/25/2013

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COVER LETTER

TO:

Registration Section Division of Corporations

NxStage North Palm Beach County, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Kristen Thompson	
Name of Person	
NxStage Medical, Inc.	
Firm/Company	
350 Merrimack Street	
Address	
Lawrence, MA 01843	
City/State and Zip Code	
krthompson@nxstage.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Kristen Thompson , 978 , 655-204	1
Name of Person Area Code & Daytime Telephone Number	
MATLING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations	
Division of Corporations Registration Section Registration Section	

MATLI Division Registration P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

S125.00 Filing Fee □ \$130.00 Filing Fee &

Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

S160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECEISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(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 Florids and attach a copy of the write consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")	ten.	
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)		
4. 06/11/2013 (Date of Organization) 5. perpetual (Duration: Year limited liability company will cease to exist or "perpetual")		
6. (Date first transacted business in Florida, if prior to realstration.)	20	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 350 Merrimack Street		
Lawrence, MA 01843	0CI 25	
(Street Address of Principal Office)	2	111
8. If limited liability company is a manager-managed company, check here	~ } 8:	
9. The name and usual business addresses of the managing members or managers are as follows:	\$: 2 9	
NxStage Florida, LLC., 350 Merrimack Street, Lawrence, MA 01843		
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recording 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.)	ds in	
11. Nature of business or purposes to be conducted or promoted in Florida:		
The transaction of any or all lawful business for which limited liability companies may be organized.		
MALINI-		
Signature of a member or an authorized representative of a member.	•	
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penulties 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 \$.817.155, F.S.)		

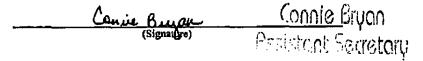
Typed or printed name of signee

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.

The name of the Limited Liability Company is: NxStage North Palm Beach County, LLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	——————————————————————————————————————
CT Corporation System	TALCAL T
(Name)	
1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE)	25 M SSEE, OF
Plantation _{FL} 33324	8: 29 STATE LORIDA
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.



\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

DAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO BEREBY CERTIFY "NXSTAGE NORTH PALM BEACH COUNTY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF OCTOBER, A.D. 2013.

AND I DO BEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5349030 8300

131228120

You may verify this certificate online

Jeffrey W. Bullock, Secretary of State

AUTHENTX CATION: 0836805

DATE: 10-23-13