M150000000543

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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15 JAN 20 PH 3: 30
SECRETARY OF STATE
ORION

JAN 2 2 2015

T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TR C Medical 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: PAU BAXT M.D. Name of Person Firm/Company
5455 LAND mark PL 5TE 707 Address Green wood Unlage, CO 80111 City/State and Zip Cycle PSBMD a Hot man. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Au Baxt
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc



RECEIVED

15 JAN 20 AM 10: 00

NYISION OF COMPORATIONS BUREAU OF COMMERCIAL INFORMATION SERVICES

FLORIDA DEPARTMENT OF STATE Division of Corporations

December 31, 2014

PAUL BAXT MD 5455 LANDMARK PL STE 707 GREENWOOD VILLAGE, CO 80111

SUBJECT: IRC MEDICAL LLC Ref. Number: W14000074414

We have received your document for IRC MEDICAL LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6051.

Tammy Hampton Regulatory Specialist III

Letter Number: 314A00027551



RECEIVED

14 DEC 29 AM 10: 00

DIVISION OF CORPORATIONS BUREAU OF COMMERCIAL INFORMATION SERVICES

December 15, 2014

PAUL BAXT MD 5455 LANDMARK PL STE 707 GREENWOOD VILLAGE, CO 80111

SUBJECT: IRC MEDICAL LLC Ref. Number: W14000074414

We have received your document for IRC MEDICAL LLC and check(s) totaling \$230.00. However, your check(s) and document are being returned for the following:

The correct amount to file is only \$ 130.00 as per your coversheet.

The attached form must be completed in order to file the document.

The jurisdiction under the laws of which the entity is incorporated or organized must be included in the document.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6051.

Tammy Hampton Regulatory Specialist III

Letter Number: 014A00026412

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

	(Name of Fereign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
	e unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited
וווס	y Company," "L.L.C," or "LLC.")
Juri	Soliction under the law of which foreign limited liability (FEI number, if applicable)
con	npany is organized)
	(Date first transacted business in Florida, if prior to registration.) (See appriors 605 1994 8, 605 2005 F.S. to determine persolar liability)
	(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
	5455 LAND MANIC (L
	STE 707
	breenwood Unlage CO Soll & w
	Greenwood Village CO 8011 84 8
	Sawe
	(Mailing Address)
T	he name, title or capacity and address of the person(s) who has/have authority to manage is/are:
	PAULS BAXT W.D CEO
	ached is an original certificate of existence, no more than 90 days old, duly authenticated by the official g custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not
ep	table. If the certificate is in a foreign language, a translation of the certificate under oath of the translator
st	be submitted)
	(X') (the
	Signature of an authorized person
	U I
co vai	rdance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are to 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.)
co vai	rdance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are to 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.)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 Company is: ITC Medical LLC	
If unavailable, the alternate to be used in the state of Florida is: The ce + Med LLC	
2. The name and the Florida street address of the registered agent and office are:	
MAGAVA FITTON (Name) 13 Cedar CT Florida Street Address (P.O. Box NOT ACCEPTABLE)	_
PAIM COAST FL 32137 City/State/Zip	_
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the pistatutes relating to the proper and complete performance of my duties, and I am familiaccept the obligations of my position as registered agent as provided for in Chapter 60 Statutes.	tment as provisions of all iar with and
Max T to	15 1A
	ECR T

Filing Fee for Application

Certified Copy (optional)

Designation of Registered Agent

Certificate of Status (optional)

\$ 100.00

\$ 25.00

\$ 30.00

\$ 5.00

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE

l, Scott Gessler, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

IRC Medical, LLC

is a **Limited Liability Company** formed or registered on 11/13/2014 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20141692696.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/08/2015 that have been posted, and by documents delivered to this office electronically through 01/11/2015 @ 11:10:47.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 01/11/2015 @ 11:10:47 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 9058742.



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/Certificate/SearchCriteria.do entering the certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click Business Center and select Trequently Asked Questions."