

M1500085691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

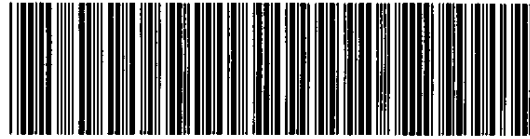
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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07/17/15--01020--013 **160.00

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TALLAHASSEE, FLORIDA

JUL 20 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Phoenician 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:

John David Mullins
Name of Person

Phoenician Medical LLC
Firm/Company

4885 70th Terr
Address

Vero Beach FL 32967
City/State and Zip Code

Jdmhomes@yahoo.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

John D Mullins at (772) 361-0067
Name of Contact 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:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

July 15, 2015

Please find my application,
Certificate and check for 160.00.

Please mail to

John Mullins
Phoenician Medical LLC
4885 70th Terr
Vero Beach Fl

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SECRETARY OF STATE
32967

Thank you very much for all your
help and have a great day!



John Mullins
7/15/2015

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Phoenician Medical LLC
(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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware State 3. 47-4229352
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Aug 1 2015
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4885 70th Terr
Vero Beach Fl 32967
(Street Address of Principal Office)

6. 4885 70th Terr
Vero Beach Fl 32967
(Mailing Address)

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TALLAHASSEE, FLORIDA

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: John Mullins
Office Address: 4885 70th Terr
Vero Beach Fl, Florida 32967
(City) (Zip code)

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.

John D Mullins
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Robert L Buckhannon (Manager) 4325 Dean Martin Dr Ste 340 Las Vegas NV 89103
John D Mullins (owner) 4885 70th Terr Vero Beach Fl 32967

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

John D Mullins
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

John D Mullins
Typed or printed name of signee



State of Delaware

SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 P.O. BOX 888
 DOVER, DELAWARE 19903

151044278

9264730
 PHOENICIAN MEDICAL LLC
 4885 70TH TERR
 VERO BEACH

07-14-2015

FL 32967

ATTN: JOHN MULLINS

DESCRIPTION	AMOUNT
PHOENICIAN MEDICAL LLC	
5763405 8300 Certificate in Re Short	
Certification Fee	50.00
Expedite Same Day, 1-3 Re Short	50.00
FILING TOTAL	100.00
TOTAL PAYMENTS	100.00
SERVICE REQUEST BALANCE	.00

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 TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHOENICIAN MEDICAL 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 FOURTEENTH DAY OF JULY, A.D. 2015.

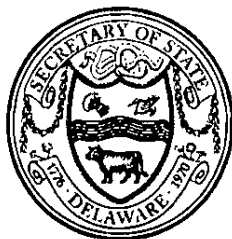
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PHOENICIAN MEDICAL LLC" WAS FORMED ON THE NINTH DAY OF JUNE, A.D. 2015.


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

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TALLAHASSEE, FLORIDA

5763405 8300

151044278




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2552218

DATE: 07-14-15