

MI7000005539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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17 JUN 26 PM 6:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

JUN 29 2017

**Law Offices  
ADDICOTT & ADDICOTT  
Professional Association  
900 North Federal Hwy/Suite 201  
Hallandale Beach, Florida 33009  
Phone (954) 454-2605 / Fax No. 954-454-2615**

**MICHAEL L. ADDICOTT**  
**[mlesq@addicottlaw.com](mailto:mlesq@addicottlaw.com)**  
**Board Certified Civil Trial Lawyer**  
**Board Certified Business Litigation Lawyer**  
**Board Certified Marital & Family Law Lawyer**  
**Certified Family Mediator**

**SARI TEICHMAN ADDICOTT**  
**[sari@addicottlaw.com](mailto:sari@addicottlaw.com)**  
**Certified Family Mediator**

**June 20, 2017**

Via USPS Priority Mail 3-Day  
Tracking # 9410 8036 9930 0090 3215 20

To:  
Florida Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301  
Phone 1-850-245-6051

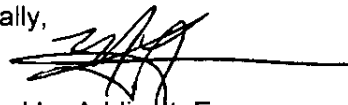
Re: Medical Rentals, LLC

Please process the enclosed application by foreign limited liability company to transact business in Florida.

Enclosed are:

- Cover Letter completed form
- Application completed form
- Authenticated Certificate of Existence & Good Standing from Delaware (dated 23 May 2017)
- Check # 1001 from AG Commercial (MGRM) in the amount of \$763.75.

Cordially,



Michael L. Addicott, Esq.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Medical Rentals, 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:

**Michael L. Addicott, Esq.**

Name of Person

**Addicott & Addicott, P.A.**

Firm/Company

**900 N. Federal Hwy., Suite 201**

Address

**Hallandale Beach, FL. 33009**

City/State and Zip Code

**mlesq@addicottlaw.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Michael L. Addicott**

Name of Contact Person

at ( **954** ) **454-2605**

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

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. MEDICAL RENTALS, 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

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(FEI number, if applicable)

4. Jan. 2016

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

5. 1000 W. Ave.

(Street Address of Principal Office)

Suite 911

Miami Beach, FL. 33139

6. 10154 S.W. 164 Place

(Mailing Address)

Miami, FL. 33196

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

Name: Michael L. Addicott, Esq.

Office Address: 900 N. Federal Hwy., Suite 201

Hallandale Beach

(City)

, Florida 33009

(Zip code)

Registered agent's acceptance:

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 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.

(Registered agent's signature)

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

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

MGRM

AG Commercial, LLC

10154 S.W. 164 Place

Miami, FL. 33196

(Use attachments if necessary)

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)

Signature of an authorized person

10. 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.

Amnon Bensimon, as MGRM of AG Commercial, LLC

Typed or printed name of signer

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17 JUN 26 PM 6:33  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDICAL RENTALS, 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 MAY, A.D. 2017.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



5758991 8300

SR# 20173931382

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202588655

Date: 05-23-17