

M17000009450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

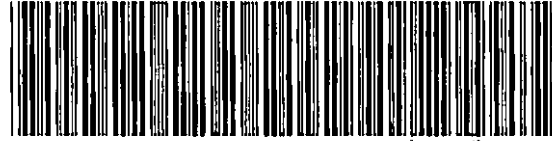
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

sign W17-74939

Office Use Only



200303302012

09/18/17--01012--001 \$125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 NOV -6 PM 4: 53

FILED

S. WARREN

NOV 07 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2017

JONATHAN SISTARE
P.O. BOX 213
DUBLIN, OH 03444

SUBJECT: CONVALUISSET MEDICAL, LLC
Ref. Number: W17000074939

We have received your document for CONVALUISSET MEDICAL, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 517A00019037

Law Office of Jonathan B. Sistare, PLLC

P.O. Box 213
Dublin, NH 03444
Telephone: (603) 338-9300
Fax: (603) 218-6287
jsistare@sistarelaw.com
www.sistarelaw.com

November 2, 2017

State of Florida
Department of State
Division of Corporations
Attn: Stacey M. Warren
PO Box 6327
Tallahassee, FL 32314

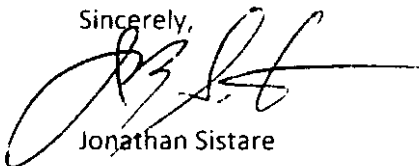
RE: Enclosed Business Registration

Dear Ms. Warren:

Enclosed please find a letter from your office with requirements to resubmit our original business registration. The enclosed application has now been signed. I believe everything is in order now for you to process this application..

Please call my office if you have any questions. Thank you for your assistance.

Sincerely,



Jonathan Sistare

Law Office of Jonathan B. Sistare, PLLC

P.O. Box 213
Dublin, NH 03444
Telephone: (603) 338-9300
Fax: (603) 218-6287
jsistare@sistarelaw.com
www.sistarelaw.com

September 13, 2017

State of Florida
Secretary of State
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Enclosed application

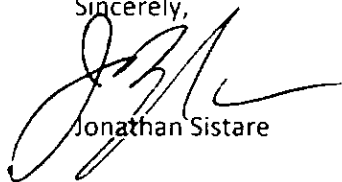
Dear Clerk:

Enclosed please find a check in the amount of \$125, along with the application for a foreign LLC to transact business in Florida, and the certification of existence from the State of Delaware where the company is located.

Please contact my office if you have any questions, and please forward your recognition of this application to my attention when complete.

Thank you.

Sincerely,



Jonathan Sistare

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Convaluisset 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:

Jonathan Sistare
Name of Person

Law Office of Jonathan Sistare, PLLC
Firm/Company

PO Box 213
Address

Dublin, NH 03444
City/State and Zip Code

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

For further information concerning this matter, please call:

Jonathan Sistare at (603) 8310216
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

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. Convaluisset 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 (Jurisdiction under the law of which foreign limited liability company is organized) 3. 61-1851328 (FEI number, if applicable)


4. 09/07/2017
(Date first transacted business in Florida, if prior to registration.)
 (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1000 N. West Street (Street Address of Principal Office) 6. 333 S. E. 2nd Avenue, Suite 2000 (Mailing Address)
Wilmington, DE 19801 Miami, FL 33131

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
 Name: Corporation Services Company
 Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

FILED
 17 NOV - 6 PM 4: 53
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

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.


Chelsey Martine
Asst Vice President
(Registered agent's signature)

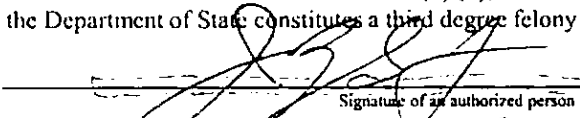
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Owner</u>	<u>NuLife Link</u> <u>17 Cunningham Pond Road</u> <u>Peterborough, NH 03458</u>		

(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)

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.


Signature of an authorized person
Jonathan Sistrone, Attorney for the
Corporation
Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONVALUISSET 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 SEVENTH DAY OF SEPTEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONVALUISSET MEDICAL, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF MAY, A.D. 2017.



6422368 8300

SR# 20176057814

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the name "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203184909

Date: 09-07-17