

T08000002525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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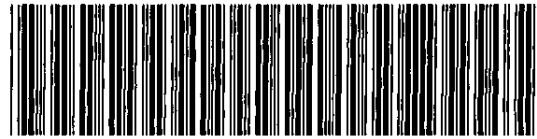
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/27/08--01005--012 **7563.75

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2008 JUN -5 P 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten: 2525-29
6-5-08
2008

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Primary Cave Solutions, Inc.
(Name of corporation - must include suffix)

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2008 JUN -5 P 3 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Steve Harrington
(Name of Person)
Primary Cave Solutions, Inc.
(Firm/Company)
P.O. Box 8427
(Address)
Mobile, al. 36689
(City/State and Zip code)

For further information concerning this matter, please call:

Steve Harrington at (251) 460-0370
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

\$ 7563.75



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 27, 2008

STEVE HARRINGTON
P. O. BOX 8427
MOBILE, AL 36689

SUBJECT: PRIMARY CARE SOLUTIONS, INC.
Ref. Number: W08000025929

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for PRIMARY CARE SOLUTIONS, INC. and your check(s) totaling \$7563.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please list the name and address of the treasurer.

Please return the corrected original and one copy of 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) 245-6995.

Wanda Cunningham
Regulatory Specialist II
New Filing Section

Letter Number: 708A00033152

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Primary Cave Solutions, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New Jersey 3. 22-3704344
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. January 11, 2000 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. April 2001
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 273 Azalea Rd - 306, Mobile Alabama 36609
(Principal office address)
P.O. Box 8427, Mobile Alabama 36689
(Current mailing address)

8. Manufacture Medical Products
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: Ronald L. Muddix

Office Address: 40420 Freefall Ave.

Zephyrhills, Florida 33540
(City) (Zip code)

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TALLAHASSEE, FLORIDA

10. 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.

Ronald L. Muddix

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Stephen B. Harrington III

Address: P.O. Box 8427
Mobile, AL 36689

Vice Chairman: _____

Address: _____

Director: Ronald L. Maddix

Address: 40420 Free Fall Ave.
Zephyrhills, FL 33540

Director: Norman T. Ruedt

Address: 339 Stone Town Rd.
Ringwood, N.J. 07456

B. OFFICERS

President: Stephen B. Harrington III

Address: P.O. Box 8427
Mobile, AL 36689

Vice President: Ronald L. Maddix

Address: 40420 Free Fall Ave
Zephyrhills, FL 33540

Secretary: Stephen B. Harrington III

Address: P.O. Box 8427 Mobile, AL 36689

Treasurer: Stephen B. Harrington III

Address: P.O. Box 8427 Mobile, AL 36689

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Stephen B. Harrington III

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Stephen B. Harrington III - Chairman / President

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING**

PRIMARY CARE SOLUTIONS, INC.

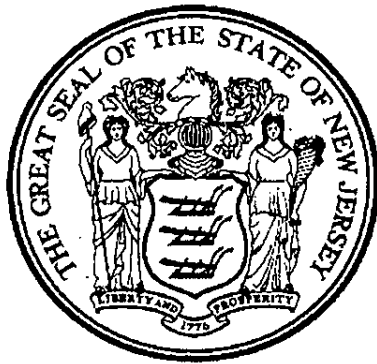
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I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on January 11, 2000.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify the registered agent and registered office are:

*Norman T Ruedt
339 Stonetown Rd
Ringwood, NJ 07456 0000*



Certificate Number: 111669813

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
14th day of March, 2008*

A handwritten signature in black ink, appearing to read "R. David Rousseau", is written over a horizontal line.

*R. David Rousseau
Acting State Treasurer*

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