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ALLEN
CORPORATION
SUPPLY

10440 PIONEER BLVD., SUITE 8
SANTA FE SPRINGS, CA 90670
562.906.1635 FAX 562.906.1645
www.allencorpsupply.com

February 17, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

RE: **LILLY ROSE MARSHALL, MEDICAL CORPORATION**

Please file the enclosed Application by Foreign Corporation for Authorization to Transact Business in Florida for the named corporation above, and forward a **certified copy** of the Application to the letterhead address. Please process this request on an **Expedited Basis**.

Also enclosed is a check payable to Florida Department of State in the amount of \$78.75 to cover all costs associated with this request, and a Federal Express air bill for you use. Also please attach a statement of all your charges.

Do not hesitate to contact me with any questions.

Sincerely,

Michelle Lewis
Michelle Lewis

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: LILLY ROSE MARSHALL, MEDICAL CORPORATION
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Michelle Lewis c/o Allen Corporation Supply Co., Inc.
Name (Printed or typed)

10440 Pioneer Blvd., Suite 8
Address

Santa Fe Springs, CA 90670
City, State & Zip

(562) 906 1635
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

**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. LILLY ROSE MARSHALL, MEDICAL CORPORATION
(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. California 3. 20-5227165
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5/19/06 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 28012 O'Hara Lane, Stevenson Ranch, CA 91301
(Principal office address)

5655 Lindero Canyon Road, Suite 124, Westlake Village, CA 91362
(Current mailing address)

8. Emergency Medicine
(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: NRAI Services, Inc.

Office Address: 2731 Executive Park Drive, Suite 4

Weston, Florida 33331
(City) (Zip code)

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.


(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:

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TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: Lilly Marshall

Address: 2671 Edmund Drive, Gulf Breeze, FL 32563

Vice Chairman: Lilly Marshall

Address: 2671 Edmund Drive, Gulf Breeze, FL 32563

Director: Lilly Marshall

Address: 2671 Edmund Drive, Gulf Breeze, FL 32563

Director: _____

Address: _____

B. OFFICERS

President: Lilly Marshall

Address: 2671 Edmund Drive, Gulf Breeze, FL 32563

Vice President: Lilly Marshall

Address: 2671 Edmund Drive, Gulf Breeze, FL 32563

Secretary: Lilly Marshall

Address: 2671 Edmund Drive, Gulf Breeze, FL 32563

Treasurer: Lilly Marshall

Address: 2671 Edmund Drive, Gulf Breeze, FL 32563

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

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. _____

Lilly Marshall, President

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

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TALLAHASSEE, FLORIDA

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

LILLY ROSE MARSHALL, MEDICAL CORPORATION

FILE NUMBER: C2895202
FORMATION DATE: 05/19/2006
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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TALLAHASSEE, FLORIDA

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to exercise
all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of February 10, 2009.

Debra Bowen

DEBRA BOWEN
Secretary of State