

Division of Corporations

F1400002888

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : INCORPORATING SERVICES FL
Account Number : I20050000052
Phone : (850) 656-7956
Fax Number : (850) 656-7953

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: rprati@lcmd.com

14 JUL - 1 PM 2:14

SECRETARY OF STATE
DIVISION OF CORPORATIONS

FOREIGN PROFIT/NONPROFIT CORPORATION

Life Care Medical Devices Limited

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

B 7/7/14

**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. Life Care Medical Devices Limited, Inc.

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

Life Care Medical Devices Limited

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

2 Nevada

(State or country under the law of which it is incorporated)

3. 98-0576696

(FBI number, if applicable)

4 March 26, 2008

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. July 15, 2014

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607 1501 & 607 1502, F.S., to determine penalty liability)

7. 257 Minorca Beach Way, Suite 1606, New Smyrna Beach, FL 32169

(Principal office address)

257 Minorca Beach Way, Suite 1606, New Smyrna Beach, FL 32169

(Current mailing address)

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

Name:

Incorporating Services, Ltd.

Office Address:

1540 Glenway Drive

Tallahassee

(City)

, Florida

32301

(Zip code)

9. 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)

10. 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

74 JUL - 1 PM 2:14

SECTION 607 1503
DIVISION OF CORPORATIONS

**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. Life Care Medical Devices Limited, Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- Life Care Medical Devices Limited
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Nevada 3. 98-0576696
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. March 26, 2008 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. July 15, 2014
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 257 Minorca Beach Way, Suite 1606, New Smyrna Beach, FL 32169
(Principal office address)
257 Minorca Beach Way, Suite 1606, New Smyrna Beach, FL 32169
(Current mailing address)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Incorporating Services, Ltd.
Office Address: 1540 Glenway Drive
Tallahassee, Florida 32301
(City) (Zip code)

9. 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.



Edward J. Lasko, Jr., Assistant Secretary

(Registered agent's signature)

10. 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.

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RECEIVED
DIVISION OF CORPORATE AFFAIRS

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

A. DIRECTORS

Chairman: Richard Prati
Address: 257 Minorca Beach Way, Suite 1606, New Smyrna Beach, FL 32169

Vice Chairman: Hartman King
Address: 257 Minorca Beach Way, Suite 1606, New Smyrna Beach, FL 32169

Director: Nickolay Kukekov
Address: 257 Minorca Beach Way, Suite 1606, New Smyrna Beach, FL 32169

Director: Patrick Adams
Address: 257 Minorca Beach Way, Suite 1606, New Smyrna Beach, FL 32169

B. OFFICERS

President: Richard Prati
Address: 257 Minorca Beach Way, Suite 1606, New Smyrna Beach, FL 32169

Vice President: _____
Address: _____

Secretary: _____
Address: _____

Treasurer: _____
Address: _____

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

12 Richard Prati, PRESIDENT
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13 Richard Prati, President
(Typed or printed name and capacity of person signing application)

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DIVISION OF CORPORATIONS
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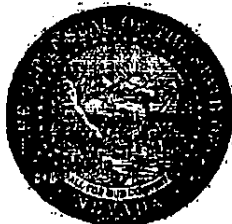
SECRETARY OF STATE

**CERTIFICATE OF EXISTENCE
WITH STATUS IN GOOD STANDING**

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **LIFE CARE MEDICAL DEVICES LIMITED**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 26, 2008, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 1, 2014.



ROSS MILLER
Secretary of State

Electronic Certificate
Certificate Number: C20140701-0913
You may verify this electronic certificate
online at <http://www.nvsos.gov/>

efax

(2/6) 07/03/2014 02:56:30 PM -0400

850-817-6381

7/3/2014 1:28:37 PM PAGE 1/001 FAX SERVER



July 3, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

INCORPORATING SERVICES FL

SUBJECT: LIFE CARE MEDICAL DEVICES LIMITED
REF: W14000041305

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: H14000159355
Letter Number: 514A00014441

*Nevada good standing is
attached - dated July 1, 2014
as was submitted originally*

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TALLAHASSEE, FLORIDA

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