

F14000004651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

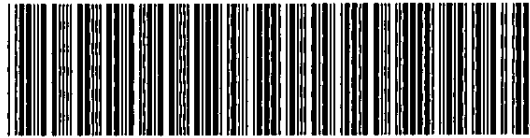
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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T. SCOTT



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SUFFICIENCY OF FILING

2014 NOV -3 PM 4:07

2014 NOV -3 AM 10:39

**CT Corporation System**

515 E. Park Ave., Tallahassee, FL, 32301

850-205-8842

**Liberty Medical Operations, Inc.**

**Thank you!**

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input checked="" type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input checked="" type="checkbox"/> CUS
<b>New Registration</b>		
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

11/4/2014

**CB**

Order#:  
**9331399**

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

**CT Corporation System**

515 E. Park Ave., Tallahassee, FL, 32301

850-205-8842

**Liberty Medical Operations, Inc.**

**Thank you!**

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Name \_\_\_\_\_  
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Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

11/4/2014

**CB**

Order#:  
**9331399**

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Liberty Medical Operations, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" 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:

Sarah Rust

Name of Person

Troutman Sanders LLP

Firm/Company

1001 Haxall Point

Address

Richmond, Virginia, 23219

City/State and Zip code

sarah.rust@troutmansanders.com

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

For further information concerning this matter, please call:

Sarah Rust

at 804

697-1236

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

**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. Liberty Medical Operations, 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. Delaware 3. 47-1962246  
(State or country under the law of which it is incorporated) (FBI number, if applicable)  
4. September 25, 2014 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. c/o Robert Kunold, Jr., Marlin Equity Partners, 338 Pier Avenue, Hermosa Beach, CA 90254  
(Principal office address)  
c/o Robert Kunold, Jr., Marlin Equity Partners, 338 Pier Avenue, Hermosa Beach, CA 90254  
(Current mailing address)

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

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(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.*

NRAI Services, Inc.  
By: Carol Berg Carol Berg, Asst. 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.

NOV - 3 AM 10:39

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

**A. DIRECTORS**

Chairman: Jim Brady

Address: c/o Robert Kunold, Jr., Marlin Equity Partners, 338 Pier Avenue, Hermosa Beach, CA 90254

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Robb Warwick

Address: c/o Robert Kunold, Jr., Marlin Equity Partners, 338 Pier Avenue, Hermosa Beach, CA 90254

Director: George Kase

Address: c/o Robert Kunold, Jr., Marlin Equity Partners, 338 Pier Avenue, Hermosa Beach, CA 90254

**B. OFFICERS**

President: Jim Brady

Address: c/o Robert Kunold, Jr., Marlin Equity Partners, 338 Pier Avenue, Hermosa Beach, CA 90254

Vice President: Robb Warwick, Kevin Hatch, George Kase

Address: c/o Robert Kunold, Jr., Marlin Equity Partners, 338 Pier Avenue, Hermosa Beach, CA 90254

Secretary: Rob Young

Address: c/o Robert Kunold, Jr., Marlin Equity Partners, 338 Pier Avenue, Hermosa Beach, CA 90254

Treasurer: Robb Warwick

Address: c/o Robert Kunold, Jr., Marlin Equity Partners, 338 Pier Avenue, Hermosa Beach, CA 90254

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

12. \_\_\_\_\_

  
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. \_\_\_\_\_

Robert Young Authorized Officer  
(Typed or printed name and capacity of person signing application)

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DIVISION OF CORPORATE AFFAIRS

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LIBERTY MEDICAL OPERATIONS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF OCTOBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

5610682 8300

141355180

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



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1825125

DATE: 10-30-14