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(Address)

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17 DEC 21 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 21 2017

Y SULKER

SMITHMOORE
LEATHERWOOD

Suite 1100
2 West Washington Street
Greenville, SC 29601

December 20, 2017

Via Federal Express

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

Re: MT Medical Florida, Inc.

Dear Sir or Madam:

Please find enclosed the following which I would appreciate being filed in your office immediately upon receipt:

1. Application by Foreign Corporation for Authorization to Transact Business in Florida for MT Medical Florida, Inc., a Delaware corporation.
2. A Certificate of Good Standing for MT Medical Florida, Inc., issued by the Delaware Secretary of State on December 20, 2017.
3. Our firm's check in the amount of \$87.50 to cover the filing fee, Certificate of Status and certified copy.

Also enclosed is a postage-paid envelope for your use in returning the filed Application directly to me. If you have any questions regarding this matter, please contact me at 864-751-7699 or by email at lee.owens@smithmoorelaw.com. Thank you.

Sincerely,
SMITH MOORE LEATHERWOOD LLP



Lee Owens
Paralegal

/lo
Enclosures

GREENVILLE 1510945

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MT Medical Florida, 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:

Lee Owens

Name of Person

Smith Moore Leatherwood LLP

Firm/Company

PO Box 87

Address

Greenville, SC 29602

City/State and Zip code

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

For further information concerning this matter, please call:

Lee Owens

864 751-7699
at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration 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. MT Medical Florida, 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)
Delaware
2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. Simultaneously herewith
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1014 Bankton Cr. , Suite 100, Hanahan, SC 29410
(Principal office address)
- _____
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Corporation Service Company
- Office Address: 1201 Hays Street
- Tallahassee , Florida 32301
(City) (Zip code)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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.

Emily Croft
Asst. Vice President

Corporation Service Company
By: Emily Croft
(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.

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

A. DIRECTORS

Director Josh Watts

Address: 1014 Bankton Circle, Suite 100

Hanahan, SC 29410

Director

Lenna Macdonald

Address: 1014 Bankton Circle, Suite 100

Hanahan, SC 29410

Director: Michael Moody

Address: 1014 Bankton Circle, Suite 100

Hanahan, SC 29410

Director:

Address:

B. OFFICERS

President: Josh Watts - Chief Executive Officer

Address: 1014 Bankton Circle, Suite 100

Hanahan, SC 29410

Vice President:

Address:

Secretary: Lenna Macdonald

Address: 1014 Bankton Circle, Suite 100, Hanahan, SC 29410

Treasurer:

Address:

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 11 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. Josh Watts - Chief Executive Officer

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

FILED
17 DEC 24 PM 2:49
CLERK OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MT MEDICAL FLORIDA, 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 TWENTIETH DAY OF DECEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MT MEDICAL FLORIDA, INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF DECEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



6665026 8300

SR# 20177693350

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 text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203800932

Date: 12-20-17