

F18000003376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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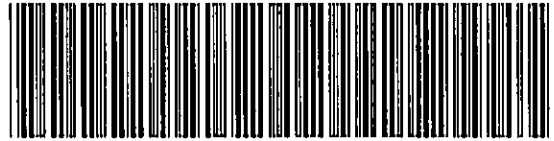
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECTIONS
20.0

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ON TIME MEDICAL LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

HUGO R. OLIVARES

Name of Person

ON TIME MEDICAL LLC

Firm/Company

15160 SW 136th STREET, SUITE 10

Address

MIAMI, FL 33196

City/State and Zip Code

ontimemedhha@gmail.com

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

For further information concerning this matter, please call:

Hugo Olivares

786

556-4466

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ON TIME MEDICAL, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. WEST VIRGINIA

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-5014280

(FEI number, if applicable)

4. 7/23/2018

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 15160 SW 136th ST.

(Street Address of Principal Office)

SUITE 10

MIAMI, FL 33196

6. 15160 SW 136th ST.

(Mailing Address)

SUITE 10

MIAMI, FL 33196

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

Name: HUGO R. OLIVARES

Office Address: 15160 SW 136 ST, SUITE 10

MIAMI

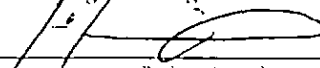
(City)

Florida 33196

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

X 
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

MGRM

HUGO R. OLIVARES

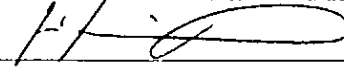
15160 SW 136 ST, STE 10

MIAMI, FL 33196

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

X 
Signature of an authorized person

HUGO R. OLIVARES

Typed or printed name of signer

FILED
JUN 17 PM 2:35
18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of West Virginia



Certificate

*I, Mac Warner, Secretary of State of the State of
West Virginia, hereby certify that*

ON TIME MEDICAL, LLC

made application to the West Virginia Secretary of State's Office to be a registered limited liability company in the State of West Virginia on January 20, 2017. The application was received and found to conform to law.

The company is filed as an at-will company, for an indefinite period.

I further certify that the company has not been revoked or administratively dissolved by the State of West Virginia nor has the West Virginia Secretary of State issued a Certificate of Cancellation or Termination to the company.

Accordingly, I hereby issue this Certificate of Existence

CERTIFICATE OF EXISTENCE

Validation ID:6WV82_CXPQ2

*Given under my hand and the
Great Seal of the State of
West Virginia on this day of*

July 05, 2018

Mac Warner

Secretary of State

