

M000000002369

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: National Wound Care, LLC  
(Name of corporation - must include suffix)

Dear Sir or Madam: 00789-00574-00071  
*wrong form*

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

John Prince

(Name of Person)

National Wound Care LLC

(Firm/Company)

106 S Country Fair Dr

(Address)

Champaign IL 61821

(City/State/Zip)

500003406035--5  
-09/27/00--01035--011  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

500003406035--5  
-11/13/00--01008--003  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

MJH

Should you need to call someone concerning this matter, please call:

Melissa Sprouls  
(Name of Person)

at (217) 355-2680 Ext. 113  
(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien 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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 NOV - 8 AM 10:39

Subbiz.org  
obtained from  
LLC



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

September 27, 2000

NATIONAL WOUND CARE  
106 S. COUNTRY FAIR DRIVE  
STE A  
CHAMPAIGN, IL 61821

SUBJECT: NATIONAL WOUND CARE LLC  
Ref. Number: W00000023465

We have received your document for NATIONAL WOUND CARE LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You cannot file a Limited Liability Company as a name registration.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays  
Document Specialist

Letter Number: 100A00050785



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

October 2, 2000

JOHN PRINCE  
NATIONAL WOUND CARE, LLC  
106 S COUNTRY FAIR DR.  
CHAMPAIGN, IL 61821

SUBJECT: NATIONAL WOUND CARE, LLC  
Ref. Number: W00000023869

We have received your document for NATIONAL WOUND CARE, LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

To file this Foreign Limited Liability Company you must complete the attached form. The one submitted was for a Corporation.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges  
Document Specialist

Letter Number: 600A00052179



**FLORIDA DEPARTMENT OF STATE**

Katherine Harris  
Secretary of State

October 18, 2000

JOHN PRINCE  
NATIONAL WOUND CARE, LLC  
106 S COUNTRY FAIR DR.  
CHAMPAIGN, IL 61821

SUBJECT: NATIONAL WOUND CARE, LLC  
Ref. Number: W00000023869

We have received your document for NATIONAL WOUND CARE, LLC and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$55.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges  
Document Specialist

Letter Number: 400A00054671

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. National Wound Care, LLC.  
(Name of foreign limited liability company)

2. Illinois 3. 37-1401747  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 8-23-2006 5. perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. 11-1-00  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 110 State Road 419 Ste 100  
Winter Springs FL 32708-2617  
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

John Prince, 106 S Country Fair Dr, Champaign IL 61821

10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: \_\_\_\_\_

offer: service a full range of therapeutic support surfaces

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

John Prince

Typed or printed name of signee

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
NOV - 8 AM 10:39

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

National Wound Care LLC

2. The name and the Florida street address of the registered agent and office are:

Fran Basista

(Name)

2711 44th St. North

Florida street address (P.O. Box **NOT** ACCEPTABLE)

St. Petersburg

FL

City/State/Zip

33713

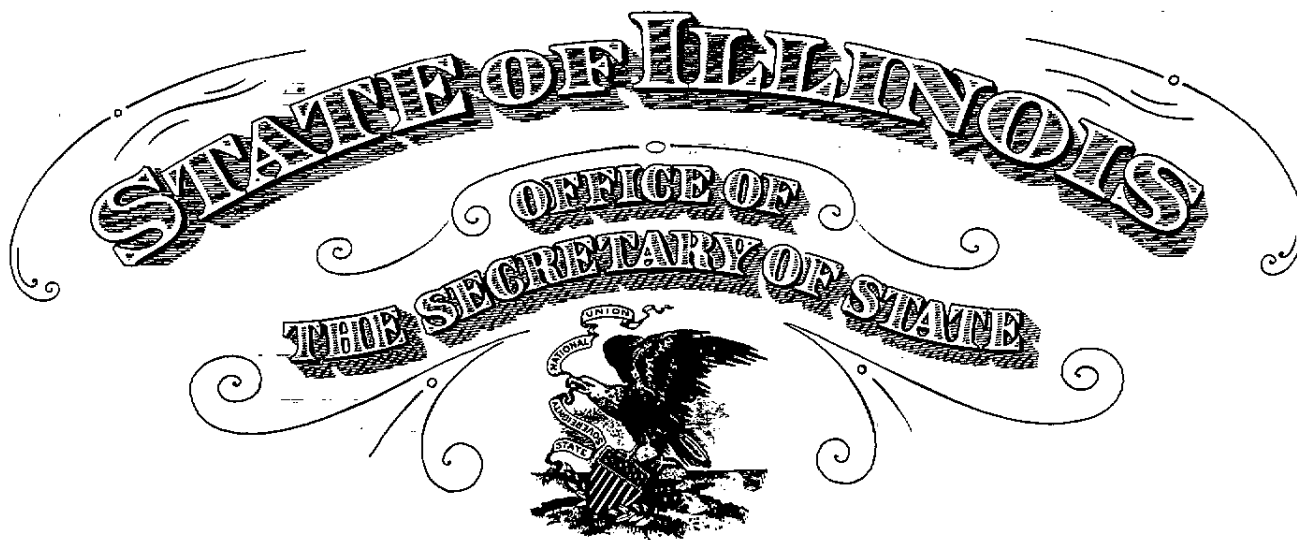
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

Fran Basista

(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

File Number 0045036-7



*To all to whom these Presents Shall Come, Greeting:*

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

NATIONAL WOUND CARE, L.L.C.,  
HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 23, 2000,  
APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED  
LIABILITY COMPANY ACT OF THIS STATE RELATING TO THE FILING  
OF THE ARTICLES AND PAYMENT, AND IS ORGANIZED TO TRANSACT  
BUSINESS IN THE STATE OF ILLINOIS.



*In Testimony Whereof, I, hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this* 18TH  
*day of* SEPTEMBER *A.D.* 2000.

*Jesse White*

SECRETARY OF STATE