

M03000001990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

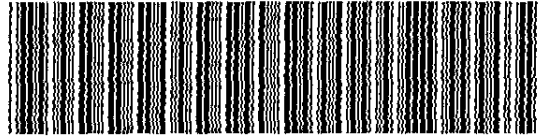
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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June 9, 2003

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

RE: Price Health Park, LLC

Enclosed are the following documents:

1. Application by Foreign LLC for Authorization to transact business in Florida
2. Certificate of Designation of Registered Agent
3. Certificate of Existence with Status in Good Standing
4. Check for \$125 for filing Application and Designation of Registered Agent.

Thank you for your cooperation in this matter.

Sincerely,


Eileen M. Burnjas

Encl.

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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 TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. PRICE HEALTH PARK, LLC
(Name of foreign limited liability company)
2. NEVADA
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 47-0901570
(FEI number, if applicable)
4. 12/10/2002
(Date of Organization)
5. 12/31/2070
(Duration: Year limited liability company will cease to exist or "perpetual")
6. 5/01/2003
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 2524 OSPREY AVENUE SOUTH
SARASOTA, FL 34239
(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:

FRANK MENKE III, MEMBER
2524 OSPREY AVENUE SOUTH
SARASOTA, FL 34239

DENNIS V. FULLENKAMP, MEMBER
2911 NE PINE ISLAND ROAD
CAPE CORAL, FL 33909

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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: _____

REAL ESTATE DEVELOPMENT

x Frank Menke

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.)

FRANK MENKE III

Typed or printed name of signee

**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:

PRICE HEALTH PARK, LLC.

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

FRANK MENKE III

(Name)

2524 OSPREY AVENUE SOUTH

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

SARASOTA FL 34239

(City/State/Zip)

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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.

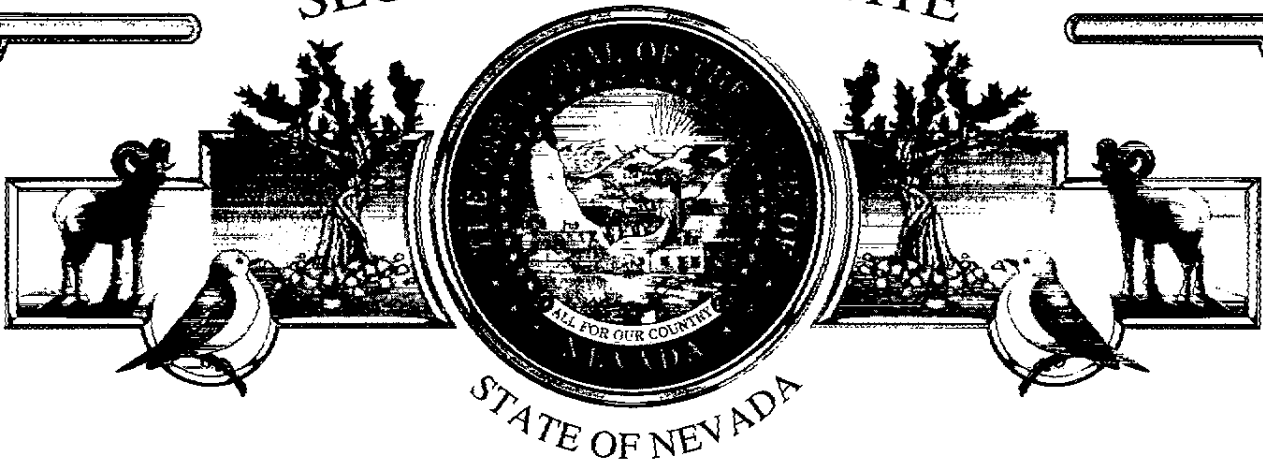
x

Frank Menke III

(Signature)

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

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, 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 9 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, **PRICE HEALTH PARK, LLC**, as a limited-liability company only organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since December 10, 2002, 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, in Carson City, Nevada, on June 2, 2003.



Dean Heller

DEAN HELLER
Secretary of State

By

[Signature]
Certification Clerk