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(City/State/Zip/Phone #)

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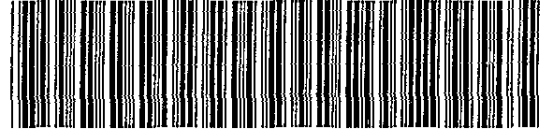
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03 JUL 18 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



GROUP II MEDICAL SUPPORTS, L.L.C.

1-800-634-0023

SPECIALIZING IN PRESSURE REDUCING PRODUCTS
FOR THE ADULT CARE RESIDENT

Corporate Office:
838 RITTER DRIVE
BEAVER, WV 25813

Phone: 304-255-9007
FAX: 304-255-9013
Email: groupii@charter.net

July 17, 2003

Florida Department of State
Registration Section
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: Application By Foreign Limited Liability Company for Authorization to Transact Business In Florida

To Whom It May Concern,

Please find enclosed a completed Application By Foreign Limited Liability Company for Authorization to Transact Business In Florida, Certificate of Designation of Registered Agent/Registered Office, Transmittal Letter, our Certificate Of Existence, and our check # 604 in the amount of \$160.00 (\$100.00 filing fee for application, \$25.00 designation of registered agent, \$30.00 certified copy, \$5.00 certificate of status). Per your instructions and email advise from Leslie Sellers (attached) at your office the enclosed items will enable our company to obtain a business license so we can do business in your state. Also enclosed is a duplicate of above to be returned to us as a file stamped copy.

Should you require any additional information or have any questions do not hesitate to contact me at the above listed phone number.

Thank you for your help and time in taking care of this matter.

Sincerely,

Trina F. Lindsey
Manager of Administrative Services

Enc.
C: File

FILED
03 JUL 18 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Group II Medical Supports, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: _____

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Hugh W. Keatley
(Name of Person)

Group II Medical Supports, LLC
(Name of Firm/Company)

838 Ritter Drive
(Address)

Beaver, WV 25813
(City/State and Zip Code)

For further information concerning this matter, please call:

Hugh W. Keatley at (304) 255-9007
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 JUL 18 AM 8:00

FILED

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. Group II Medical Supports, LLC
(Name of foreign limited liability company)
2. West Virginia
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 31-1556341
(FEI number, if applicable)
4. August 18, 1997
(Date of Organization)
5. indefinite period
(Duration: Year limited liability company will cease to exist or "perpetual")

6. August 1, 2003
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)

7. 838 Ritter Drive, Beaver, WV 25813
(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:

Hugh W. Keatley 838 Ritter Drive Beaver WV 25813

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: leasing durable
medical equipment

Hugh Keatley
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.)

Hugh W. Keatley
Typed or printed name of signer

FILED
03 JUL 18 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

Group II Medical Supports, LLC

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

Wayne Valdes
(Name)

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

Tarpon Springs FL 34688
(City/State/Zip)

FILED
03 JUL 18 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Wayne Valdes
(Signature)

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

State of West Virginia



Certificate

*I, Joe Manchin III, Secretary of State of the
State of West Virginia, hereby certify that*

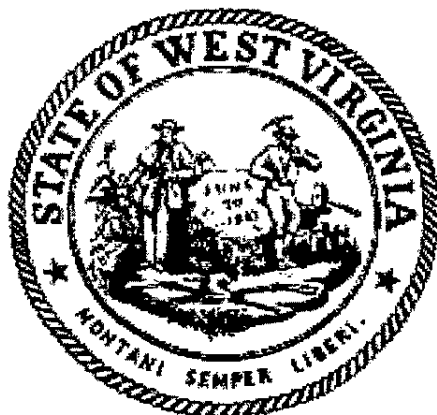
GROUP II MEDICAL SUPPORTS LIMITED LIABILITY COMPANY

made application to my office to be registered as a limited liability company in the state of West Virginia on August 18, 1997. The application was received and found to conform to law.

Therefore, I hereby issue this

CERTIFICATE OF EXISTENCE

FILED
03 JUN 18 AM 8:00
SECRETARY OF STATE
TAMM HALL, FLORENCE, FLORIDA



*Given under my hand and the
Great Seal of the State of
West Virginia on this day of
June 24, 2003*



Secretary of State