

M04000000453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

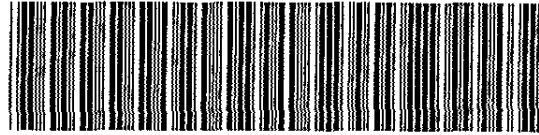
Special Instructions to Filing Officer:

855
707, 071

2/4/18

Office Use Only

W03-39481



400025486714

12/16/03--01062--007 **125.00

SECRETARY OF REVENUE
TALLAHASSEE, FLORIDA

04 FEB -4 PM 2:32

FILED

MediPrice, LLC

314 Tina Lee Court
Brick, NJ 08724
Ph: 732-458-1513
Fax: 732-458-1514

December 9, 2003

Registration Section
Divisions of Corporations
PO Box 6327
Tallahassee, FL 32314

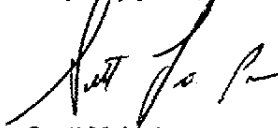
Dear Sir or Madam:

I am writing to you to register our company to transact business in the state of Florida. MediPrice, LLC is a New Jersey Limited Liability Corporation. Our tax ID number is 22-3829947. According to Florida statute please find enclosed a copy of our good standing certificate from the New Jersey Department of Treasury as well as the standard filing fee of \$125.00. Please be advised that our local address and registered agent is as follows:

10453 Galleria Street
Wellington, FL 33414
Agent: Scott Lieberman
Ph: 917-887-0640

Should you have any questions, please feel free to call me at 917-887-0640.

Very truly yours,



Scott M. Lieberman
President

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

December 29, 2003

SCOTT LIEBERMAN
10453 GALLERIA STREET
WELLINGTON, FL 33414

SUBJECT: MEDPRICE, LLC
Ref. Number: W03000039481

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MEDPRICE, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 603A00068904

MediPrice, LLC

314 Tina Lee Court
Brick, NJ 08724
Ph: 732-458-1513
Fax: 732-458-1514

January 29, 2004

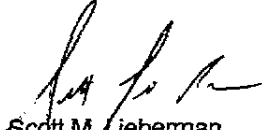
Registration Section
Divisions of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

I am writing in response to your letter dated December 29th. I am enclosing the correct application for the foreign limited liability registration. Please be advised that our original certificate of existence is currently with your office in Tallahassee and is not included with this application.

Should you have any questions, please feel free to call me at 561-641-0755.

Very truly yours,



Scott M. Lieberman
President

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACT 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. MediPrice, LLC
(Name of foreign limited liability company)
2. New Jersey 3. 22-3829947
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 9/20/01 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. 12/9/03
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 314 Tina Lee Court
Brick, NJ 08724
(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:

Scott Lieberman

10453 Galleria Street

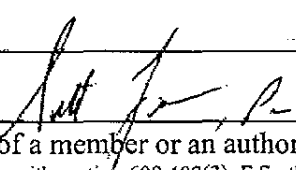
Wellington, FL 33414

PH: 561-792-4999

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: _____

Sales



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.)

Scott Lieberman

Typed or printed name of signee

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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:

MediPrice, LLC

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

Scott Lieberman

(Name)

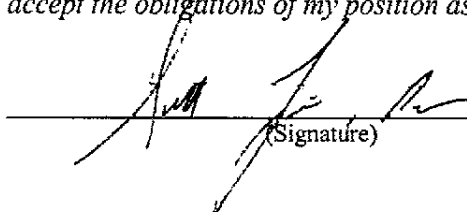
10453 Galleria Street

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

Wellington, FL 33414

(City/State/Zip)

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.


(Signature)

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

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TALLAHASSEE, FLORIDA

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

MEDIPRICE, LLC
600123403

*I, the Treasurer of the State of New Jersey,
do hereby certify that the above-named
New Jersey Domestic Limited Liability Company was
registered by this office on September 20, 2001.*

*As of the date of this certificate, said business
continues as an active business in good standing
in the State of New Jersey, and its Annual Reports
are current.*

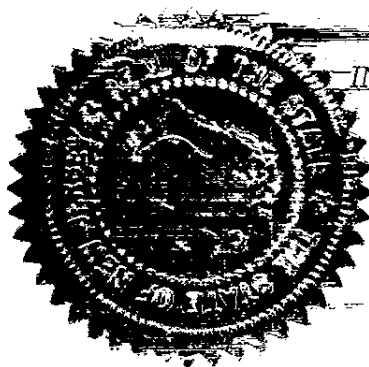
*I further certify that the registered agent and
registered office are:*

Greg Brown
314 Tina Lee Court
Brick, NJ 08724

Continued on next page . . .

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

MEDIPRICE, LLC



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
20th day of November, 2003

A handwritten signature in cursive script, reading "John E. McCormac".

John E. McCormac, CPA
State Treasurer