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TALLAHASSEE, FLORIDA

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**PRUITT
CORPORATION**

P.O. BOX 1210 TOCCOA, GEORGIA 30577 PHONE 706 886-8493

February 9, 2004

**UNITED PARCEL SERVICE
GROUND DELIVERY**

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04 FEB 11 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office of Secretary of State
Corporations Division
409 E. Gaines Street
Tallahassee, FL 32399

RE: United Medical, LLC

To Whom It May Concern:

Enclosed are the following documents to qualify the above-referenced limited liability company in the State of Florida:

1. The original and one copy of The Application by a Foreign Limited Liability Company for Authorization to Transact Business in Florida.
2. The Certificate of Existence from the State of Georgia dated February 5, 2004.
3. Our check payable to the Florida Secretary of State in the amount of \$125.00 for the processing fee.

Once you have had an opportunity to review the enclosed documents, please let me know if there are any questions. Otherwise, please process the application and forward the Certificate in the envelope provided.

Sincerely



Jonell A. Hollis
Legal Assistant

JAH/s

Enclosures

c: Marie Proffitt via fax 440-888-6498

**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. United Medical, LLC
(Name of foreign limited liability company)
2. Georgia
(Jurisdiction under the law of which foreign limited liability company is organized)
3. Applied For
(FEI number, if applicable)
4. January 29, 2004
(Date of Organization)
5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Anticipated Date: April 1, 2004
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 409 E. Doyle Street
Toccoa, GA 30577
(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:
Neil L. Pruitt, Jr., 409 E. Doyle Street, P. O. Box 1210, Toccoa, GA 30577

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: _____
Medical Equipment and Supply Company

Neil L. Pruitt, Jr.
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.)

Neil L. Pruitt, Jr., Member

Typed or printed name of signee

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**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:

United Medical, LLC

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

CT Corporation System

(Name)

1200 South Pine Island Road

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

Plantation, FL 33324

(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.

Dale H. Morris

(Signature)

**DALE W. MORRIS
ASSISTANT VICE PRESIDENT**

\$ 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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