

M040000001899

(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:

Office Use Only



500031557495

04/06/04--0101--007 **78.75

05/19/04--01007--024 **51.25

05/19/04

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
MAY 19 PM 3:40

8
ep

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HUNTLEIGH HEALTHCARE L.L.C.
(Name of corporation - must include suffix)

Dear Sir or Madam:

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:

DEBORAH A. SEVRET
(Name of Person)

HUNTLEIGH HEALTHCARE L.L.C.
(Firm/Company)

40 CHRISTOPHER WAY
(Address)

EATONTOWN, NEW JERSEY 07724
(City/State and Zip code)

For further information concerning this matter, please call:

DEBORAH A. SEVRET at (732) 578-9898, EXT. 161
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration 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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 14, 2004

DEBORAH A. SEVRET
HUNTLEIGH HEALTHCARE L.L.C.
40 CHRISTOPHER WAY
EATONTOWN, NJ 07724

SUBJECT: HUNTLEIGH HEALTHCARE L.L.C.
Ref. Number: W04000014426

We have received your document for HUNTLEIGH HEALTHCARE L.L.C. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form and fees you submitted were for a corporation, but your entity is a limited liability company. Enclosed is the proper form, with instructions. The total fee for this filing and a certificate is \$130, so there is a remaining amount of \$51.25 due.

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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 204A00024585

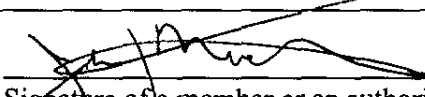
04 MAY 18 PM 3:40

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**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. HUNTLEIGH HEALTHCARE L.L.C.
(Name of foreign limited liability company)
2. NEW JERSEY
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 37-1437125
(FEI number, if applicable)
4. 07/20/2002
(Date of Organization)
5. "PERPETUAL"
(Duration: Year limited liability company will cease to exist or "perpetual")
6. JANUARY 01, 2004
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 40 CHRISTOPHER WAY
EATONTOWN, NEW JERSEY 07724
(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:
Robert S. Angel 40 Christopher Way; Eatontown, NJ 07724
John J. Mueller 40 Christopher Way; Eatontown, NJ 07724
Audrey A. Witko 40 Christopher Way; Eatontown, NJ 07724
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 & RENTALS OF DURABLE MEDICAL EQUIPMENT.


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 J. MUELLER, VP OF FINANCE & PLANNING

Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 18 PM 3:40

**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:

HUNTLEIGH HEALTHCARE L.L.C.

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

CORPORATION SERVICE COMPANY

(Name)

1201 HAYS STREET

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

TALLAHASSEE FL 32301

(City/State/Zip)

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
04 MAY 18 PM 3:40

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.

Evelyn Wright
(Signature)

Evelyn Wright

\$ 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 NEW JERSEY
DEPARTMENT OF TREASURY
LONG FORM STANDING WITH CHARTER DOCUMENTS

HUNTLEIGH HEALTHCARE L.L.C.
600146469

*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 July 29, 2002.*

*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:*

*Huntleigh Healthcare Inc
40 Christopher Way
Eatontown, NJ 07724*

*I further certify that as of the date of this
certificate, the following amendments and changes
are on file in this office:*

Continued on next page . . .

04 MAY 18 PM 3:40
DIVISION OF CORPORATIONS

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
LONG FORM STANDING WITH CHARTER DOCUMENTS

HUNTLEIGH HEALTHCARE L.L.C.

Merged

01/16/2004



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
26th day of March, 2004

John E McCormac, CPA
State Treasurer

Continued on next page . . .

04 MAY 18 PM 3:40
DIVISION OF CORPORATIONS

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
LONG FORM STANDING WITH CHARTER DOCUMENTS

HUNTLEIGH HEALTHCARE L.L.C.

Note: Long form standings with charter documents may reflect two dates for filed amendments. The system processing date, which is the date of entry into the State's data base, is always shown immediately to the right of the amendment description. If shown alone, the system processing date also constitutes the filing date for the amendment. If an amendment was reviewed and stamped filed prior to the system processing date, a second date called the back-stamp date is shown at the far right margin. In cases where the two dates are shown, the date at the far right margin date is the actual filing date for the amendment.

04 MAY 18 PM 3:40
DIVISION OF CORPORATIONS