

M04000003488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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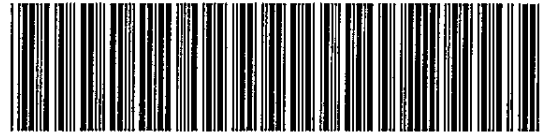
(Business Entity Name)

(Document Number)

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2004 AUG 25 AM 8:02
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

N04-30711
J. BRYAN AUG 11 2004

J. BRYAN AUG 26 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HMD Biomedical LLC
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Amy Arnold
(Name of Person)

HMD Biomedical LLC
(Firm/Company)

P.O. Box 5538
(Address)

Titusville, FL 32783
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Amy Arnold at (321) 267-7576
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy
-87.50



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

August 11, 2004

AMY ARNOLD
HMD BIOMEDICAL LLC
PO BOX 5538
TITUSVILLE, FL 32783

Attention Joey Bryan

SUBJECT: HMD BIOMEDICAL LLC
Ref. Number: W04000030711

We have received your document for HMD BIOMEDICAL LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form.,

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) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 504A00049799

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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. HMD Biomedical LLC
(Name of Foreign Limited Liability Company)
2. Wyoming
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 20-13323
(FEI number, if applicable)
4. 6/14/04
(Date of Organization)
5. Unknown
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Business will start upon becoming a Foreign LLC in Florida
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 8855 Grissom Parkway
Titusville, FL 32780
(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:

Star Financial Inc., 2424 Pioneer Ave. Ste 405, Cheyenne, WY 82001
Edge Financial Inc., 2424 Pioneer Ave. Ste 405, Cheyenne, WY 82001

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: Distribute
Durable Medical Equipment

Amy R. Arnold
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.)

Amy R. Arnold
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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:

HMD Biomedical

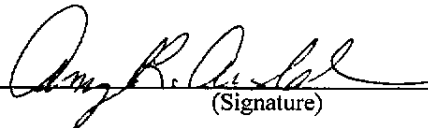
2. The name and the Florida street address of the registered agent and office are:

Amy R. Arnold
(Name)

8855 Grissom Parkway
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Titusville, FL FL 32780
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, Florida Statutes.


(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 Wyoming

Office of the Secretary of State



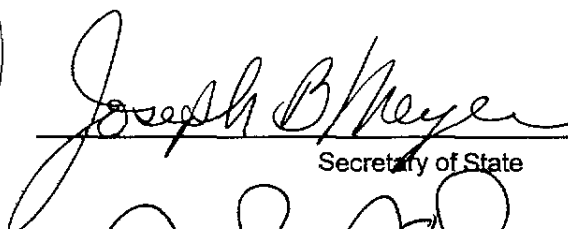
United States of America,
State of Wyoming } ss.

I, JOSEPH B. MEYER, Secretary of State of the State of Wyoming, do hereby certify that HMD BIOMEDICAL LLC, a limited liability company organized under the laws of the State of Wyoming, did on 06/14/2004, file its Articles of Organization in the Office of the Secretary of State of Wyoming, and is in good standing at the date of this certificate.

I FURTHER CERTIFY that this certificate is not to be construed as an endorsement, recommendation, or notice of approval of the limited liability company's financial condition or business activities and practices, as this information is not available from the records of this office.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Wyoming. Done at Cheyenne, the Capital, this 7th day of July A.D., 2004.




Secretary of State
By 