

MO7000004928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 19, 2007

LONNIE DORCEY
5789 CARRINGTON LAKE PKWY
TRUSSVILLE, AL 35173

SUBJECT: MEDALLIANCE LLC
Ref. Number: W07000027881

We have received your document for MEDALLIANCE 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:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 907A00045619



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 12, 2007

LONNIE DORCEY
5789 CARRINGTON LAKE PKWY
TRUSSVILLE, AL 35173

SUBJECT: MEDALLIANCE LLC
Ref. Number: W07000027881

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Tammi Cline
Document Specialist

Letter Number: 307A00039563



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 12, 2007

LONNIE DORCEY
5789 CARRINGTON LAKE PKWY
TRUSSVILLE, AL 35173

SUBJECT: MEDALLIANCE LLC
Ref. Number: W07000027881

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Tammi Cline
Document Specialist

Letter Number: 307A00039563

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MedAlliance 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:

LONNIE DORCEY
(Name of Person)
MedAlliance LLC
(Firm/Company)
5789 Carrington Lake Pkwy
(Address)
Trussville, AL 35173
(City/State and Zip Code)

For further information concerning this matter, please call:

LONNIE DORCEY at (205) 566-1674
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

**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. MedAlliance LLC
(Name of Foreign Limited Liability Company)
2. State of Alabama 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 4-16-07 5. perpetual
(Date of Organization) (Duration Year limited liability company will cease to exist or "perpetual")
6. Ø
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 5789 Carrington Lake Pkwy
Trussville, AL 35173
(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:

LANNIE AND ANITA DORCEY
5789 Carrington Lake Pkwy
Trussville, AL 35173

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: _____

Any lawful purpose

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.)

LANNIE DORCEY
Typed or printed name of signee

**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.

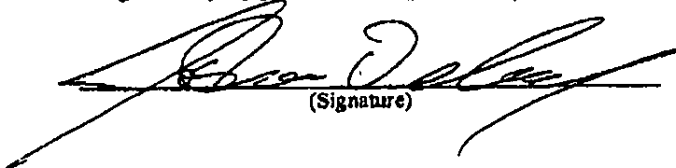
1. The name of the Limited Liability Company is:

MedAlliance LLC

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

Joshua Dorcay
(Name)
650 Estero Blvd. ste #1
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)
Ft. Myers Beach FL 33931
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)

Beth Chapman
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Beth Chapman, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporate records on file in this office disclose that MedAlliance LLC organized in the office of the Judge of Probate of Jefferson County on April 16, 2007. I further certify that the records do not disclose that said MedAlliance LLC has been dissolved.



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

July 30, 2007

Date

Beth Chapman

Beth Chapman

Secretary of State