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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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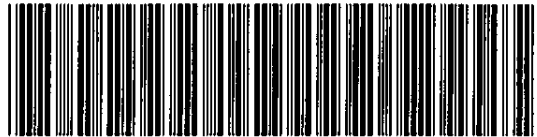
(Business Entity Name)

(Document Number)

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T. Hampton DEC 21 2007

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Platinum Medical Parts 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:

David B. Deutsch, Esq.
(Name of Person)

Lipson, Neilson, Cole, Seltzer & Garin, P.C.
(Firm/Company)

3910 Telegraph Road, Suite 200
(Address)

Bloomfield Hills, Michigan 48302
(City/State and Zip Code)

For further information concerning this matter, please call:

David B. Deutsch, Esq. at (248) 593-5000
(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

JEFFREY T. NEILSON^{1,4}
STEVEN R. COLE
PHILLIP E. SELTZER¹
JOSEPH P. GARIN^{1,2,4}
THOMAS G. COSTELLO
DAVID B. DEUTSCH
JOHN T. PANOURGIAS
HOWARD A. LAX
JOSEPH A. STARR
KAREN A. SMYTH³
KAY RIVEST BUTLER
SCOTT D. STONER
C. THOMAS LUDDEN
JEFFREY S. BURG
KIRSTEN E. GRAMZOW
STARR M. HEWITT
SHAWN Y. GRINNEN
JASON M. SHINN
MARK E. PHILLIPS
SHANNON D. NORDSIROM⁵

1 ALSO ADMITTED IN NEVADA
2 ALSO ADMITTED IN ILLINOIS
3 ALSO ADMITTED IN NEW YORK
4 ALSO ADMITTED IN COLORADO
5 ADMITTED IN NEVADA & CALIFORNIA ONLY

LAW OFFICES
LIPSON, NEILSON, COLE, SELTZER & GARIN, P.C.
3910 TELEGRAPH ROAD, SUITE 200
BLOOMFIELD HILLS, MICHIGAN 48302

TELEPHONE (248) 593-5000
TELEFAX (248) 593-5040
WWW.LIPSONNEILSON.COM

E-MAIL: ddeutsch@lipsonneilson.com

BARRY J. LIPSON
(1955-2003)

OF COUNSEL

MICHAEL C. CURHAN
MICHAEL A. ROBBINS
ALBERT L. HOLTZ
BARRY L. HOWARD

GRAND RAPIDS, MICHIGAN

921 28TH STREET S.E., SUITE A
GRAND RAPIDS, MICHIGAN 49508
TELEPHONE (616) 575-9900

LAS VEGAS, NEVADA

9580 WEST SAHARA AVE., SUITE 120
LAS VEGAS, NEVADA 89117
TELEPHONE (702) 382-1500

December 19, 2007

Via Federal Express
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Platinum Medical Parts LLC

Dear Sir/Madam:

Enclosed, for filing, is the Cover Letter, Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, Certificate of Designation of Registered Agent/Registered Office and a Certificate of Good Standing in connection with the above limited liability company. Also enclosed is a check for the filing fees in the amount of \$130.00.

Thank you for your attention to this matter.

Very truly yours,

LIPSON, NEILSON, COLE, SELTZER & GARIN, P.C.



DAVID B. DEUTSCH

DBD/dla/IM3866-D
Enclosures

cc: Jeffrey D. Fall (w/encl.)

**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. Platinum Medical Parts LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(FEI number, if applicable)

4. March 14, 2007

(Date of Organization)

5. Perpetual

(Duration: Year limited liability company will cease to exist or "perpetual")

6. July 1, 2007

(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 4100 North Powerline Road, Suite J2

Pompano Beach, Florida 33073

(Street Address of Principal Office)

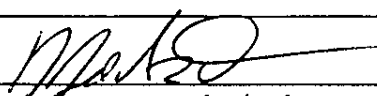
8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

Jeffrey D. Fall, 117 North First Street, Suite 109, Ann Arbor, MI 48104

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: Buy and sell
medical equipment parts.


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.)

David B. Deutsch, Esq., Atty-in-Fact for Jeffrey Fall

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:

Platinum Medical Parts LLC

If name unavailable, the alternate name to be used in the state of Florida is:

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

Scott Simmons

(Name)

4100 North Powerline Road, Suite J2

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Pompano Beach

FL

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.

Scott Simmons
(Signature)

12/13/07

\$ 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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Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PLATINUM MEDICAL PARTS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF DECEMBER, A.D. 2007.



4316826 8300

071328165

You may verify this certificate online
at corp.delaware.gov/authver.shtml

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6245641

DATE: 12-17-07