

Feb-29-08 12:00
DIVISION OF

om-T
atic

IA

LA

IRM

30574642

T-223 P-01

F-903

M08000001000

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000053430 3)))



H080000534303ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302) 575-0875
Fax Number : (302) 575-0925

FILED
08 FEB 29 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

ALCIMEDE LLC

Certificate of Status	0
Certified Copy	0
Page Count	044
Estimated Charge	\$125.00

RECEIVED

08 FEB 29 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H0800005343D 3

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 605.01, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:**

1. ALCIMEDE LLC

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

2. DELAWARE

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

(Filing number, if applicable)

3. December 26, 2007

(Date of Organization)

4. Perpetual

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

5. Upon Qualification

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.01 & 605.02 F.S. to determine penalty liability.)

6. 5423 North Bay Road, Miami Beach, FL 33140

(Street Address of Principal Office)

7. If limited liability company is a manager-managed company, check here ☐

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

Seamus Lagan - 5423 North Bay Road, Miami Beach, FL 33140

**9. Attached is an original certificate of existence, not 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.)**

10. Nature of business or purposes to be conducted or promoted in Florida: Consulting

Seamus Lagan
Signature of a member or an authorized representative of a member.
(In accordance with section 605.01(1), F.S., the execution of this document constitutes
an affirmation under the penalties of perjury that the facts stated herein are true.)

Seamus Lagan

Typed or printed name of signer

FILED
08 FEB 29 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

ALCIMEDE 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:

Agents and Corporations, Inc.

(Name)

300 Fifth Avenue South, Suite 101-330

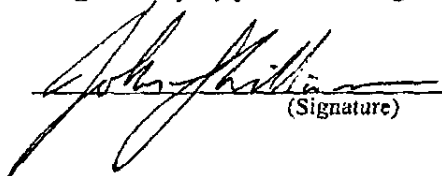
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Naples

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.


(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

FILED
08 FEB 29 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALCIMEDE 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 TWENTY-NINTH DAY OF FEBRUARY, A.D. 2008.

4479543 8300

080258004



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 6416675

DATE: 02-29-08