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M. THOMAS

APR 2 0 2009

EXAMIN

COVER LETTER

	ration Section on of Corporations						
SUBJECT:	MEDVAL, LLC						
50 b 02c1	MEDVAL, LLC (Name of Limi	ted Liability Company)					
Florida," Certi		bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited					
Please return a	Il correspondence concerning this ma	atter to the following:					
-	Caroline W	Doveall me of Person) L. LLC m/Company)					
	(Ivai	ille of Terson)					
-	MEDVAL, LLC						
	(Fire	m/Company)					
	8860 Columbia	(Address)					
-		(Address)					
<u>-</u>	Columbia, v (City/Sta	m 0 21045					
	(City/Sta	ite and Zip Code)					
For further info	ormation concerning this matter, plea	ase call:					
<u>Ce-</u>	(Name of Person)	at (410) 340 - 3084 (Area Code & Daytime Telephone Number)					
MAIL	ING ADDRESS:	STREET ADDRESS:					
	n of Corporations ox 6327	Division of Corporations					
	ssee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
	heck for the following amount: 00 Filing Fee \$\sum State of	\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy					

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

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(Name of Foreign Limited Liability Company; must include Limited Liability Company, L.L.C., of LLC.)	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writ consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")	.en
2. Manyland (Jurisdiction under the law of which foreign limited liability company is organized) 3. \lambda - \lambda	
4. 4/3/2003 (Date of Organization) 5. Papatan (Duration: Year limited liability company will cease to exist or "perpetual")	
6. N/D (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 8860 Columbia 100 Parkum, Suite 213 77 Columbia, MD 21045 (Street Address of Principal Office)	
7. 8860 columbia 100 Pankway, Sv. te 213 3 7	1
(Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here	y v
9. The name and usual business addresses of the managing members or managers are as follows:	
Managing mahalars 8860 columbia 100 Parkung, Sikziz Columbia, mo 21045	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records 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 eath of the translator must be submitted.)	in
11. Nature of business or purposes to be conducted or promoted in Florida:	
Set-Aside Serius and mose A Reporting.	
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.)	

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.

	YAL, LLC			
t name unavaila	ible, the alternate name	e to be used in the stat	e of Florida is:	ASSESSED TO
. The name and	d the Florida street add	_	agent and office are:	ALT PE
	Liz mo	ter		
		Name)		- 55 5
	Florida Street	et Address (P.O. Box NO	TACCEPTABLE)	8 - ye 500
	Tompa	, FL	33610	
		City/State/Zip		
ability company gent and agree	ned as registered agent at the place designated to act in this capacity, oper and complete perf	d in this certificate, I he I further agree to comp	ereby accept the appo ly with the provisions	intment as registered of all statutes

\$ 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 MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT MEDVAL, LLC IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS APRIL 16, 2009.

Paul B. Anderson Charter Division



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097