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(Requestor's Name)	
(Address)	500
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(City/State/Zip/Phone #)	
(Business Entity Name) . (Document Number)	04/27/
Certified Copies Certificates of Status	

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APR 29 2009

**EXAMINER** 

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#### COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: PDMD, LLC, an Ohio limited liability company  (Name of Limited Liability Company)				
	ability Company for Authorization to Transact Business in abmitted to register the above referenced foreign limited			
Please return all correspondence concerning this n	natter to the following:			
David A. Holmes				
(Na	me of Person)			
Farr, Farr, Emerich Hacke	tt & Carr, P.A.			
(Fig	m/Company)			
99 Nesbit Street				
	(Address)			
Punta Gorda, FL 33950				
(City/St	ate and Zip Code)			
For further information concerning this matter, ple	ase call:			
David A. Holmes	at ( 941 ) 639-1158			
(Name of Person)	(Area Code & Daytime Telephone Number)			
MAILING ADDRESS:	STREET ADDRESS:			
Division of Corporations P.O. Box 6327	Division of Corporations			
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a check for the following amount:  \$\sumsymbol{Y}\$125.00 Filing Fee \text{\$\text{Certificate of }}\$	\$\sumsymbol{\sum}\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymb			

### 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:

PDMD, LLC, an Ohio limited liability of (Name of Foreign Limited Liability Company; must include the property).	company ude "Limited Liability Company," "L.L.C.," or	'LLC.")	
(If name unavailable, enter alternate name adopted for the purpo consent of the managers or managing members adopting the alte Company," "L.L.C.," "LLC.")	ose of transacting business in Florida and attach ernate name. The alternate name must include "I	a copy of the v Limited Liabili	written ity
<sub>2.</sub> Ohio	<sub>3.</sub> 80-0360068		
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)		
4. 03/02/2009	5. Perpetual	<b>.</b>	
(Date of Organization)	(Duration: Year limited liability company) exist or "perpetual")	will cease o	
6. The company has not transacted busin	ness in Florida as of the date ຜູ້	Ethis Ting	g. П
(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S	orida, if prior to registration.)	27 ARY	
<sub>7.</sub> 28100 Challenger Blvd., #1, Punta G	<u>~</u>	i	Ш
	C	AMIO: 3	O
(Street Address	of Principal Office)	3	
8. If limited liability company is a manager-managed	company, check here		
9. The name and usual business addresses of the man		ws:	
Rodney E. Duffy, 916 E. Main St., Ch	nillicothe, OH 45601		
10. Attached is an original certificate of existence, no more than 90 the jurisdiction under the law of which it is organized. (A photocop translation of the certificate under oath of the translator must be subject.)	ry is not acceptable. If the certificate is in a foreign		ords in
11. Nature of business or purposes to be conducted or	r promoted in Florida:		
Manufacturing, distribution and sale of	•		
1/2///		<u> </u>	
//wy////			
Signature of a member or an au (in accordance with section 608.408(3), i	athorized representative of a member.  E.S., the execution of this document constitutes		
an affirmation under the penalties of perj Rodney E. Duffy			
Nouney E. Duny			

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:		
PDMD, LLC, an Ohio limited liability company		
If name unavailable, the alternate name to be used in the state of Florida is:		
	200 TAL	
2. The name and the Florida street address of the registered agent and office are:	200 <mark>9 APR 27</mark> SECRETARY TALLAHASSEI	
David A. Holmes	(1) June (1)	
(Name)	AM 10: 37  OF STATE  OF FLORIDA	
99 Nesbit Street	37	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	_	
Punta Gorda, FL 33950 FL	· <b>.</b>	
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 fregistered 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)

# United States of America State of Ohio Office of the Secretary of State

I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show PDMD, LLC, an Ohio For Profit Limited Liability Company, Registration Number 1840455, was organized within the State of Ohio on March 05, 2009, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 7th day of April, A.D. 2009

**Ohio Secretary of State** 

Validation Number: V200997A09AE3