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Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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Office Use Only

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

#### **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJ	ECT: William Ganz LLC  Name of Limited Liability Company
The en	nclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of nce, 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:
	William Ganz
	Name of Person
	William Ganz LLC
	Firm/Company
	4333 Adams Avenue
	Address
	Miami Beach, FL 33140 City/State and Zip Code
	Ganz-familyster (a) amail. Com E-mail address: To be used for future, annual report notification)
For fu	ther information concerning this matter, please call:
	William Ganz at (305) 720 1525  Name of Person Area Code & Daytime Telephone Number
	MAILING ADDRESS:  Division of Corporations  Registration Section  P.O. Box 6327  Tallahassee, FL 32314  STREET ADDRESS:  Division of Corporations  Registration Section  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301
Enclo	sed is a check for the following amount:
	\$125.00 Filing Fee \$\Bigs\\$

### 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 FOLLOWING IS SUBMITTED TO REGISTER A FOLLOWINED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	OREIGN
1. William Ganz 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 consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabi Company," "L.L.C," "LLC.")	written lity
2. Nesada 3. (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	-
COMPANY IS OFFICIALIZED	
4. August 24, 2009 (Date of Organization)  5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")	_
	_
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	<u> </u>
. 4333 Adams Avenue 8	NSE SEC
Hiami Beach, FL 33140  (Street Address of Principal Office)	. 유전 - 유전 - 유전
الله الله الله الله الله الله الله الله	क्रु <b>ू</b> इ.स
. The name and usual business addresses of the managing members or managers are as follows:	ATTO
William Ganz	<b>Z</b>
4333 Adams Avenue	<del>-</del>
Miami Beach Fr 32140	
William Ganz  4333 Adams Avenue  Miami Beach, Fz 33140  Susan Ganz, 4333 Adams Avenue, Mami Beach, Fz 331  10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of re	40 cords in
ne jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a ranslation of the certificate under oath of the translation must be submitted.)	
Nature of business or purposes to be conducted or promoted in Florida:	_
Medical Sorvices (i.e. Radiology and Nordogr Medical	ine as
Medical Services (i.e. Radiology and Nodoar Medical Property purchases sales sende yesteds. Readings	<b>'</b>
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.)	
William I. Ganz	
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.

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)

## SECRETARY OF STATE



### CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, WILLIAM GANZ, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 23, 2009, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 24, 2009.

ROSS MILLER Secretary of State

Electronic Certificate
Certificate Number: C20090824-1448
You may verify this electronic certificate
online at http://www.nvsos.gov/