

W09000003587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

W09000040406

Office Use Only



300160275313

09/08/09--01036--011 **130.00

FILED

09 SEP 10 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 11 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Quikaid, 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 P. Wright
Name of Person

Quikaid, LLC
Firm/Company

695 Central Avenue #150-N
Address

Saint Petersburg, FL 33701
City/State and Zip Code

dw@shorecrestcapital.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 SEP 10 PM 12:37

FILED

For further information concerning this matter, please call:

David P. Wright at (727) 798-1850
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
(850) 245-6051

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2009

DAVID P. WRIGHT
695 CENTRAL AVENUE #150-N
ST. PETERSBURG, FL 33701

SUBJECT: QUIKAID, LLC
Ref. Number: W09000040406

FILED
09 SEP 10 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for QUIKAID, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 609A00029836

From

Karen Fox
Quik-Aid, Inc.
239 Shell Falls Drive
Apollo Beach, FL 33572
(813) 645-7684

To

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

September 2, 2009

To the Florida Department of State:

I am the President and CEO of Quik-Aid, Inc., a Florida non-profit corporation.

I would like to give permission to Quikaid, LLC (a Delaware entity) to use the name "Quikaid, LLC" in Florida. I have spoken with their managing member, and I will be dissolving Quik-Aid, Inc. in the coming months, so I would like to allow them to use the name. Please approve them to conduct business in Florida!

Please call if you would like to discuss.

Sincerely,

A handwritten signature in cursive script that reads "Karen Fox". The signature is written in dark ink and is positioned above the printed name and title.

Karen Fox
President, Quik-Aid, Inc.

FILED
09 SEP 10 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. Quikaid, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
Please see letter from Quik-Aid, Inc. (FL non-profit) for authorization to use name Quikaid, 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 3. 27-0850476
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. September 1, 2009 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

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

7. 695 Central Avenue, Saint Petersburg, FL 33701
(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:

DAVID P. WRIGHT, Managing Member
695 Central Avenue
Saint Petersburg, FL 33701

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: _____

Assist clients with obtaining medical and other benefits

David P. Wright
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 P. Wright
Typed or printed name of signee

09 SEP 10 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**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:

Quikaid, LLC

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

Please see enclosed authorization letter from Quik-Ald, Inc. (FL non-pro

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

David P. Wright

(Name)

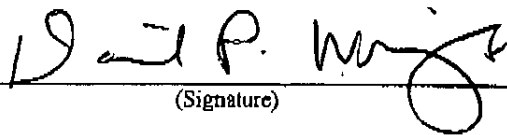
695 Central Avenue

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

Saint Petersburg, FL 33701

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
09 SEP 10 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "QUIKAID, 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 SECOND DAY OF SEPTEMBER, A.D. 2009.



4726416 8300

090830283

You may verify this certificate online
at www.delaware.gov/authmac.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7509306

DATE: 09-02-09