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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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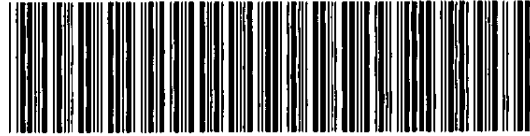
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W11-18659

NO J BRYAN

APR 15 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CareMed Solutions, 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:

Susan M. Magnuson
Name of Person

CareMed Solutions, LLC
Firm/Company

185 E. Indiantown Rd. Suite 109
Address

Jupiter, FL 33477
City/State and Zip Code

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Gretta Rimmer at (561) 743-2390
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

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

April 1, 2011

SUSAN M MAGNUSON
185 E INDIANTOWN RD., STE. 109
JUPITER, FL 33477

SUBJECT: CAREMED SOLUTIONS, LLC
Ref. Number: W11000018659

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

We have received your document for CAREMED SOLUTIONS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$160.00.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 911A00007960

Margretta M. Rimmler

April 4, 2011

Division of Corporations
ATTN: Karen Saly
Registration Section
PO Box 6327
Tallahassee FL 32314

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11 APR 14 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE: Registered Agent Documentation for

CareMed Solutions LLC

170 Ocoee Street
Suite 101
Cleveland TN 37311

EIN: 27-0605085

Sunbiz Document Number: W11000018659

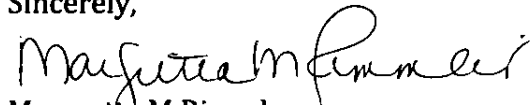
Attached please "Certificate of Designation of Registered Agent/Registered Office" for CareMed Solutions LLC of TN to complete the Foreign LLC registration process in the State of Florida.

Susan Magnuson said you are holding the rest of the application pending receipt of this. I am a Florida Resident and the Registered Agent for Caremed Solutions LLC.

If you have any questions, please do not hesitate to call 561-386-3988.

Thank you

Sincerely,



Margretta M Rimmler

**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. CareMed Solutions, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Bestcare

(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. Tennessee 3. 27-0606085
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 8-26-2009 5. N/A
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

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

7. 170 N. Ocoee St. Suite 101
Cleveland, TN 37311
(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:

Robert Miller
P.O. Box 2503 - 185 E. Indiantown Rd Suite 109
Cashiers, NC 28717 - Jupiter, FL 33477

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:
Durable medical supplies (CPAP - Bi level - vents)

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Susan M. Magnuson
Typed or printed name of signee

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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:

CAREMED Solutions LLC

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

RESTCARE

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

Margretta M. Rimmer
(Name)

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

Jupiter FL 33477
City/State/Zip

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TALLAHASSEE, 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.

Margretta M Rimmer
(Signature)

\$ 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 TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

CAREMED SOLUTIONS, LLC
170 N. OCOEE ST / SUITE 101
Cleveland, TN 37311

March 21, 2011

Request Type: Certificate of Existence/Authorization
Request #: 0034211

Issuance Date: 03/17/2011
Copies Requested: 1

Document Receipt

Receipt #: 387126 Filing Fee: \$20.00
Payment-Check/MO - CAREMED SOLUTIONS, LLC, Cleveland, TN \$20.00

Regarding: CAREMEDSOLUTIONS LLC
Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 08/26/2009
Status: Active
Duration Term: Perpetual

Control #: 608971
Date Formed: 08/26/2009
Formation Locale: Bradley County
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

CAREMEDSOLUTIONS LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent corporation annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Processed By: Deborah Chaney

Tre Hargett
Tre Hargett
Secretary of State

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TALLAHASSEE, FLORIDA