

M110000004905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

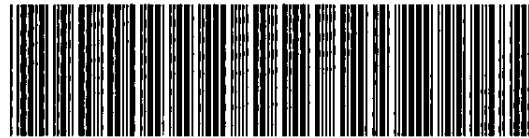
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W11- 45620

cant read handwriting

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2011 SEP 29 AM 8:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

A. LUNT  
SEP 30 2011  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 2, 2011

ANDREW AMICON  
2581 JUPITER PARK DRIVE  
JUPITER, FL 33458

SUBJECT: MEDICAL TECHNOLOGY RESOURCES, LLC  
Ref. Number: W11000045620

We have received your document for MEDICAL TECHNOLOGY RESOURCES, 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 is illegible and not acceptable for imaging.

Section 607.0120(4), 617.01201, or 608.4081, Florida Statutes, requires all corporate documents to be typewritten or printed in ink.

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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 811A00020533



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 14, 2011

ANDREW AMICON  
2581 JUPITER PARK DRIVE  
UNIT E-2  
JUPITER, FL 33458

SUBJECT: MEDICAL TECHNOLOGY RESOURCES, LLC  
Ref. Number: W11000045620

We have received your document for MEDICAL TECHNOLOGY RESOURCES, 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):

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If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 811A00020533



September 22, 2011

Ms. Agnes Lunt  
Regulatory Specialist II  
Florida Department of State  
Division of Corporations

Dear Ms. Lunt:

Per your request I've redone the two documents you sent to me (enclosed) along with the letter you sent me September 14, 2011.

Please be advised that the Unit # is E-12.....not E-2.

Thank you.

Sincerely,

Andrew R. Amicon  
President & CEO

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Medical Technology Resources, 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:

Andrew R. Amicon  
Name of Person

Medical Technology Resources, LLC  
Firm/Company

2581 Jupiter Park Drive  
Unit # E-12  
Address

Jupiter, FL 33458  
City/State and Zip Code

ARAmicon@MTR2HEALTH.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Larry Martin at ( 614 ) 888.7870  
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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# 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. Medical Technology Resources, 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 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. Wyoming 3. 20-0495521  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 12-2003 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. August 2011  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 6321 Busch Blvd.  
Columbus, OH 43229  
(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:

Andrew R. Amicon - 2581 Jupiter Park Dr.  
Unit E-12  
Jupiter, FL 33458

John D. Lohman 6321 Busch Blvd; Columbus, OH 43229

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: \_\_\_\_\_

Medical Equipment Rental

Andrew R. Amicon

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.)

Andrew R. Amicon

Typed or printed name of signee

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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:

Medical Technology Resources, LLC

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

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

Andrew R. Amicon

2581 Jupiter Park Dr.  
Unit E-12

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

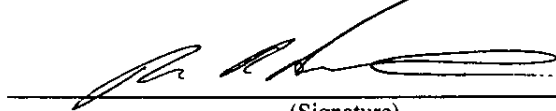
Jupiter

FL

33458

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)

2011 SEP 29 AM 8:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

# State of Wyoming

## Office of the Secretary of State



United States of America,  
State of Wyoming } ss.

I, MAX MAXFIELD, Secretary of State of the State of Wyoming, do hereby certify that according to the records in the office of the Secretary of State of Wyoming, **Medical Technology Resources, LLC**, a limited liability company originally organized under the laws of Ohio on December 16, 2003, did on December 30, 2005 apply for a Certificate of Organization and filed Articles of Continuance in the office of the Secretary of State of Wyoming.

I FURTHER CERTIFY that this limited liability company has renounced its state or country of organization and is now organized under the laws of the state of Wyoming and is in good standing as of the date of this certificate.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Wyoming. Done at Cheyenne, the Capital, this 23<sup>rd</sup> day of August A.D., 2011.

*Max Maxfield*  
Secretary of State

By *Christina M. Staw*