

M 1 200000 2339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

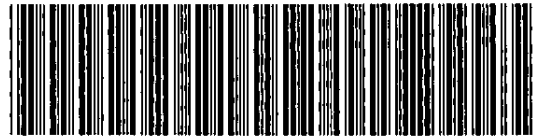
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APR 26 2012

EXAMINER



400230640394

04/26/12--01032--011 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 26 PM 3:51

SHAHEEN & GORDON, P.A.
ATTORNEYS AT LAW

Tenacity, Creativity, Results™

Heidi J. Barrett-Kitchen
Attorney at Law

April 23, 2012

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

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 APR 26 PM 3:51

Re: PT Rub Med, LLC

Dear Sir/Madam:

Enclosed is an original Application by Foreign Limited Liability for Authorization to Transaction Business in Florida for filing with your office. Also enclosed is a check in the amount of \$125.00 covering the costs of filing the same and a NH Certificate of Good Standing.

Thank you.

Very truly yours,

Michelle Descoteaux

Michelle Descoteaux, Paralegal
mdescoteaux@shaheengordon.com

HKB/msd
Enc.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PT Rub Med, 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:

Heidi J. Barrett-Kitchen

Name of Person

Shaheen & Gordon, P. A.

Firm/Company

P. O. Box 2703

Address

Concord, NH 03302

City/State and Zip Code

jackdacad@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heidi J. Barrett-Kitchen

Name of Person

at (603) 225-7262

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

FILED
REGISTERED STATE
DIVISION OF CORPORATIONS
12 APR 26 PM 3:51

**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 TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:

1. PT Rub Med, 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. New Hampshire

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(FEI number, if applicable)

4. 4/9/2012

(Date of Organization)

5. Perpetual

(Duration: Year limited liability company will cease to exist or "perpetual")

6. May 1, 2012

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

7. 12 Miller Avenue, Rindge, NH 03431

(Street Address of Principal Office)

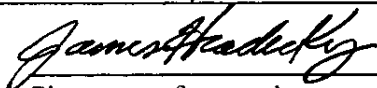
8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

James Hradecky, 12 Miller Avenue, Rindge, NH 03431

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: To provide surgeons and patients with medical products & equipment for at home medical care



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.)

James Hradecky

Typed or printed name of signer

FILED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
APR 26 PM 3:51

**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:

PT Rub Med, 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:

NRAI SERVICES, INC.

(Name)

515 East Park Avenue

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

Tallahassee

FL 32301

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.

NRAI SERVICES, INC.

BY: JESSICA METZGER
(Signature)

Jessica Metzger, Assistant Secretary

\$ 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 New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that PT Rub Med, LLC is a New Hampshire limited liability company formed on April 9, 2012. I further certify that it is in good standing as far as this office is concerned, having paid the fees required by law; and that a certificate of cancellation has not been filed.



In TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 9th day of April, A.D. 2012

A handwritten signature in black ink, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State