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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

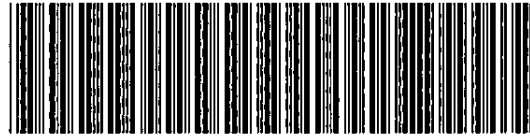
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP 26 PM 2:51



ATTORNEYS AT LAW

SCOTT. HARRIS, BRYAN, BARRA & JORGENSEN, P.A.

September 24, 2012

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP 26 PM 2:51

Re: Infection Control Consulting Services, LLC
Application by Foreign Limited Liability
Company for Authorization to Transaction
Business in Florida

Dear Ladies/Gentlemen:

Enclosed please find the following documents for filing:

1. Cover Letter;
2. Certificate of Designation of Registered Agent/Registered Office;
3. Application by Foreign Limited Liability Company for Authorization to Transaction Business in Florida;
4. Certificate of Status issued by Commonwealth of Pennsylvania Department of State; and
4. Check number 1565 in the amount of \$125.00, made payable to the Florida Department of State to process this request.

Thank you for your assistance in this matter. If you have any questions concerning the enclosed documents, please do not hesitate to contact Mr. Barra. Our toll-free telephone number is 1.800.976.6955.

Sincerely,

Brenda L. Jernigan
Assistant to Richard K. Barra

:blj

Encs.

cc: Ms. Phenelle Segal

K:\FILES\RK\B\45806\Department of State - FL 09-24-12.ltr.wpd

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Infection Control Consulting Services, 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:

Richard K. Barra, Esquire

Name of Person

Scott, Harris, Bryan, Barra & Jorgensen, P.A.

Firm/Company

4400 PGA Blvd., Suite 800

Address

Palm Beach Gardens, Florida 33410

City/State and Zip Code

rkbarra@scott-harris.com

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

For further information concerning this matter, please call:

Richard K. Barra, Esquire

Name of Person

at (561)

624-3900

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP 26 PM 2:57

**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 FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Infection Control Consulting Services, 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. Pennsylvania 3. 20-3409130
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 8-19-05 5. Perpetual
(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. 7962 S. Stirling Bridge Boulevard
Delray Beach, FL 33446
(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:

Phenelle Segal

7962 S. Stirling Bridge Boulevard

Delray Beach, FL 33446

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: engaging in any lawful act or activity for which limited liability companies may engage, including, but not limited to, infection control consulting

Phenelle Segal member
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.)

Phenelle Segal

Typed or printed name of signee

12 SEP 26 PM 2:57
DIVISION OF STATE
SECRETARY OF COMMERCE
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:

Infection Control Consulting Services, 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:

Richard K. Barra, Esquire

(Name)

4400 PGA Blvd., Suite 800

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

Palm Beach Gardens FL 33410

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)

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE**

SEPTEMBER 17, 2012

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

INFECTION CONTROL CONSULTING SERVICES, LLC

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Carol Aichele

Secretary of the Commonwealth