m12000006019

(R	equestor's Name)		
(Ā	ddress)		
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(C	ity/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(B	usiness Entity Name)		
(D	ocument Number)		
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			

Office Use Only





200240655992



DEPARTMENT OF STATE

B. BOSTICK OCT **2 6** 2012

EXAMINER



IION SERVICE COMPANY					-	
ACCOU	NT NO.	:	12000000195			
REF	ERENCE	:				
AUTHORI	ZATION	:	Cynil denas	<u> </u>		
COST	LIMIT	:	\$ 125.00			
ORDER DATE : October 1	6, 2012				-	-
ORDER TIME : 3:46 PM				SE SE	12	
ORDER NO. : 383388-00	5			CAHA	001	•
CUSTOMER NO: 503498	1			100 E	12 OCT 17 AM	1
						- -
FOREIGN FILINGS			GRADA	9: 3 \		
NAME: AC DOC	TOR LLC					
XXXX QUALIFICATION (TYPE: <u>Ll</u>	(بَ	:			
PLEASE RETURN THE FOLLO	WING AS	PRO	OOF OF FILING:			
CERTIFIED COPY XX PLAIN STAMPED C CERTIFICATE OF		A N D:	ING			
CONTACT PERSON: Susie	Knight -	I	EXT# 52956			

EXAMINER:

COVER LETTER

	gistration Section vision of Corporations				
SUBJECT:	AC Doctor LLC				
		Name of Limited Liability Company			
		Liability Company for Authorization to Transact Business he above referenced foreign limited liability company to tra			
Please return	n all correspondence concerning thi	s matter to the following:			
	Efy DiStefano				
		Name of Person			
	Watsco, Inc.				
	Firm/Company		12 0		
	2665 S Bayshore Drive Ste 901				especially.
		Address	Š.	-	f.
	Coconut Grove, FL 3313	23	in U	AH 9:3	
		City/State and Zip Code	1 200	ည	
	edistefano@watsco.com	· · · · · · · · · · · · · · · · · · ·	A	•	
	E-mail addres	s: (to be used for future annual report notification)			
For further in	nformation concerning this matter, p	nlease call:			
Efy	DiStefano	at (305) 714-4119			
	Name of Person	Area Code & Daytime Telephone Number			
Divi Reg P.O.	ILING ADDRESS: ision of Corporations istration Section Box 6327 ahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
	s a check for the following am 5.00 Filing Fee \$130.00 Filing Certificate of	g Fee &\$155.00 Filing Fee &\$160.00 Filing Fe		e	

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 RUSINESS IN THE STATE OF FLORIDA.

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. AC Doctor LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
ACDoctor.Com LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writter 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 (Jurisdiction under the law of which foreign limited liability company is organized) 3. 26-2063693 (l'El number, if applicable)
4, 2/27/08 5, perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. October 16, 2012
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 2665 S Bayshore Dr Ste 901
Coconut Grove, FL 33133
(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 2.
Barry S. Logan, 2665 S Bayshore Dr Ste 901, Coconut Grove, FL 33133
Ana M. Menendez, 2665 S Bayshore Dr Ste 901, Coconut Grove, FL 33133
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in
he jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a ranslation of the certificate under cath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: website
~~·~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
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.)

Typed or printed name of signee

Ana M. Menendez

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 nam	e of the Limited Liability Company is:		
AC Doctor	LLC		
If unavailab	le, the alternate to be used in the state of F	Plorida is:	
2. The nam	e and the Florida street address of the regi	stered agent and office are:	12 OCT
	Corporation Service Company		
	(Name)	
	1201 Hays Street		
	Florida Street Address (P.O. B	OX <u>NOT</u> ACCEPTABLE)	9: 31
	Tallahassee F	L. 32301	<i>•</i> ≯
	City/Sta	nte/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.

Corporation Service Company

Sue G. Knight

Assistant Vice President

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that	we are the Managers and/or Managing		
Members of AC Doctor LLC	,		
(Name of Limited	Liability Company)		
a limited liability company duly organized a	nd existing under the laws of		
Delaware	•		
(State or Country of Organization)			
Because the name of this foreign limited liab	oility company does not satisfy the		
requirements of the s. 608.406, F.S., the limit	ited liability company hereby adopts the		
following name to transact business in the st	ate of Florida:		
ACDoctor.com LLC			
(Name to be used by limited liability company in Florida.) Company, L.L.C., or LLC.)	NOTE: Name must end with Limited Liability		
Date: 10/25/12			
Signature(s) of Manager(s) and/or Managing	Member(s):		
	Ana M. Menendez		
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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AC DOCTOR 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 SIXTEENTH DAY OF OCTOBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AC DOCTOR LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

12 OCT 17 AM 9: 35

4511021 8300

121134818

AUTHENTY CATION: 9920245

DATE: 10-16-12

You may verify this certificate online at corp.delaware.gov/authver.shtml



RECEIVED

12 OCT 25 PM 4: 22

FLORIDA DEPARTMENT OF STATE
Division of Corporations TAIL AHASSEE, FLORIDA

October 18, 2012

CSC AC DOCTOR LLC SUSIE KNIGHT RESUBMIT

Please give original submission date as file date.

SUBJECT: AC DOCTOR LLC Ref. Number: W12000053451

We have received your document for AC DOCTOR LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other fillings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida. Also, please note that adding "of Florida" or "Florida" to the end of the name is not acceptable.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The alternate name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC".

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) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 712A00025706