

M13000001108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

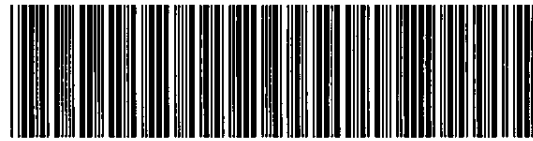
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

FEB 20 2013
A. LUNT

W12-42731

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2013 FEB 18 PM 4:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2012

JEFFREY LOUIS DARAH
1197 FARNSWORTH RD SUITE D
WATERVILLE, OH 43566

SUBJECT: DARAH MEDICAL EQUIPMENT AND SUPPLIES LLC
Ref. Number: W12000046731

We have received your document for DARAH MEDICAL EQUIPMENT AND SUPPLIES 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 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.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

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: 412A00022798



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2013

JEFFREY LOUIS DARAH
1197 FARNSWORTH RD SUITE D
WATERVILLE, OH 43566

SUBJECT: DARAH MEDICAL EQUIPMENT AND SUPPLIES LLC
Ref. Number: W12000046731

We have received your document for DARAH MEDICAL EQUIPMENT AND SUPPLIES LLC. However, the document has not been filed and is being returned for the following:

You failed to make the correction(s) requested in our previous letter.

You must list the complete legal name of the registered agent.

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

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: 613A00001376

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Darah Medical Equipment and Supplies 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:

Jeffrey L. Darah

Name of Person

Darah Medical Equipment and Supplies LLC

Firm/Company

1197 Farnsworth Rd. Suite D

Address

Waterville, OH 43566

City/State and Zip Code

jeff@darahmedicalequipment.com

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

STATE PAID BY MAIL
TALLAHASSEE, FLORIDA

2013 FEB 18 PM 4:54

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For further information concerning this matter, please call:

Lesa Darah

Name of Person

419 8788518

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

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANACT BUSINESS IN THE STATE OF FLORIDA:

1. Darah Medical Equipment and Supplies 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. Ohio 3. 56-2609082
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 07-31-2006 5. perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

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

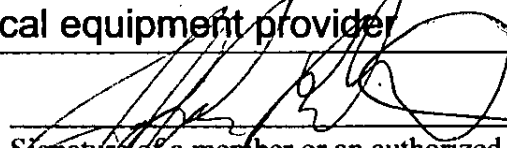
7. 1197 Farnsworth Rd Suite D
Waterville, Ohio 43566
(Street Address of Principal Office)

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:
Jeffrey Darah MGR
1197 Farnsworth Rd. Suite D
Waterville Ohio 43566

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 equipment provider

 2/8/13
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.)

Jeffrey L Darah
Typed or printed name of signee

2013 FEB 10 PM 4:54
DEPARTMENT 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:

DARAH MEDICAL EQUIPMENT AND SUPPLIES 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:

THE REHMANN GROUP LLC

(Name)

1395 BRICKELL AVE SUITE 1500

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

MIAMI

FL

33131

City/State/Zip

SECRETARY OF STATE
MIAMI OFFICE, FLORIDA

2013 FEB 18 PM 4:54

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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.

Greene D. Kelly

(Signature)

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

**United States of America
State of Ohio
Office of the Secretary of State**

*I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show DARA
MEDICAL EQUIPMENT & SUPPLIES, LLC, an Ohio Limited Liability Company, Registration Number 1638677, was organized within the State of Ohio on July 31, 2006, is currently in FULL FORCE AND EFFECT upon the records of this office.*



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 3rd day of October, A.D. 2012*

Jon Husted

Ohio Secretary of State