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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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K. SALY EXAMINER MAR 2 6 2013 - CR2E027 (9/10)

Registration Section

TO:

COVER LETTER

Division of Corporations
SUBJECT: Med One Hospital 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 H. Madsen, II
Name of Person
Ray Quinney & Nebeker P.C.
Firm/Company
36 South State, Suite 1400
Address
Salt Lake City, UT 84111
City/State and Zip Code
rmadsen@rqn.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Richard H. Madsen, II at (801) 532-1500
Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: \$\Bigsup \\$125.00 \text{ Filing Fee} \Bigsup \\$130.00 \text{ Filing Fee & Certificate of Status} \Bigsup \\$155.00 \text{ Filing Fee & D \$160.00 \text{ Filing Fee, Certificate of Status} \Bigsup \Bigs

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Med One Hospital 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. (Jurisdiction under the law of which foreign limited liability company is organized) 3/12/12 (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 10712 South 1300 East Sandy, UT 84094 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here [X] 9. The name and usual business addresses of the managing members or managers are as follows: Larry R. Stevens, 10712 South 1300 East, Sandy, UT 84094 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 sales and leasing, management 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

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIONED 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 Co	mpany is:	
	Mad One Hospit	al. Services, I	LIC
If unavailable, the	alternate to be used in	the state of Florida	a is: ,
2. The name and the	ne Florida street addre	ess of the registered	i agent and office are:
hpatri	CT Corporation		a placement with the second subjective and subjecti
·		(Naino) ·	
	1200 So. Pins	Island Road	,
*******	Florida Street	Address (P.O. Box NO	OT ACCEPTABLE)
	Plantation	· FL	33 224
		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)

Lori Soulliere-Stryson, 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)



Utah Department of Commerce

Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705 Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849 Toll Free: (877) 526-3994 Utah Residents Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

03/04/2013 8261153-016003042013-1369252

CERTIFICATE OF EXISTENCE

Registration Number:

8261153-0160

Business Name:

MED ONE HOSPITAL SERVICES, LLC

Hathy Berg

Registered Date:

March 12, 2012

Entity Type: Current Status: LLC - Domestic Good Standing

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Kathy Berg

Director

Division of Corporations and Commercial Code