

M13000002551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT

MAIL

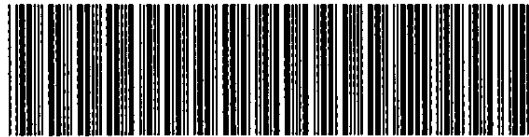
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000247016250

04/22/13--01026--020 **125.00

FILED

13 APR 22 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

APR 23 2013

EXAMINER

SHAHEEN & GORDON, P.A.
ATTORNEYS AT LAW

Tenacity. Creativity. Results.™

Heidi J. Barrett-Kitchen
Attorney at Law

April 16, 2013

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

Re: Phalanx Med Florida, 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, a NH Certificate of Good Standing and a Consent to Use Trade Name.

Thank you.

Very truly yours,



Michelle Descoteaux, Paralegal
mdescoteaux@shaheengordon.com

HKB/msd
Enc.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Phalanx Med Florida, 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

jim@nulifemed.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heidi J. Barrett-Kitchen at 603 225-7262
Name of Person 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
TRANSACTION BUSINESS IN FLORIDA**

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

1. Phalanx Med Florida, 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. 2/22/2013

(Date of Organization)

5. perpetual

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

6. March 6, 2013

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

7. 701 South Howard Avenue #106, Tampa, FL 33606

(Street Address of Principal Office)

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

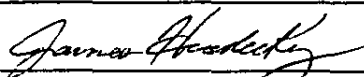
9. The name and usual business addresses of the managing members or managers are as follows:

Zoo Medical, LLC, 160 Greentree Drive, Suite 101, Dover, DE 19904

FILED
13 APR 22 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: collection of
payments for durable medical equipment



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.)

see attached authority

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 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:

Phalanx Med Florida, 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)

1200 South Pine Island Road #1000

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

Plantation

FL

33324

City/State/Zip

FILED
13 APR 22 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

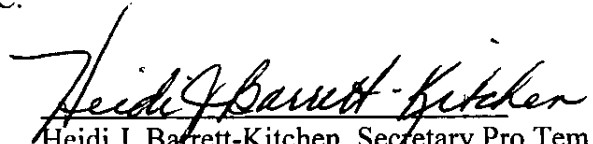
By: Lainta Raney
(Signature)
Lainta Raney, Assistant Secretary

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

Certificate of Authority

The undersigned Secretary pro tem, hereby certifies that James Hradecky as Manager of NuLife Med, LLC, a New Hampshire limited liability company, has the authority to execute the foregoing Application for Registration. NuLife Med, LLC is the duly authorized Manager of Gray Hog, LLC, which is the duly authorized Manager of Zoo Medical, LLC, which is the duly authorized Manager of Phalanx Med Florida, LLC.

Dated: April 2, 2013


Heidi J. Barrett-Kitchen, Secretary Pro Tem
107 Storrs Street
PO Box 2703
Concord, NH 03302-2703

FILED
13 APR 22 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

13 APR 22 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONSENT TO USE OF NAME


The undersigned, duly authorized on behalf of Phalanx Med, LLC, hereby consents to the use of the name "Phalanx Med Florida, LLC", a limited liability company formed in the State of New Hampshire. Phalanx Med, LLC was registered to do business within the State of Florida on April 26, 2012.

PHALANX MED, LLC

By its Manager Zoo Medical, LLC

By its Manager Gray Hog, LLC

By its Manager NuLife Med, LLC

By: 
James Hradecky, Manager

Dated: 4/3/2013

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 Phalanx Med Florida, LLC is a New Hampshire limited liability company formed on February 22, 2013. 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 22nd day of February, A.D. 2013

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State