

M13000003578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

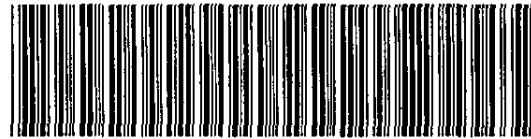
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Certified Copies _____

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DEPARTMENT OF STATE
13 JUN 27 AM 4:02

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13 JUN 27 AM 10:44
TALLAHASSEE, FLORIDA

JUN 28 2013
D. BUTLER

CAPITAL CONNECTION, INC. •

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MSI Telemed, LLC

FILED
13 JUN 27 AM 10:44
TALLAHASSEE, FLORIDA

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ☒ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

Signature _____

Requested by: Seth

06/27/13

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 28, 2013

CAPITAL CONNECTIONS

SUBJECT: MSI TELEMED, LLC
Ref. Number: M13000003578

We have received your document for MSI TELEMED, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

If you have any questions concerning the filing of your document, please call (850) 245-6952.

Deidre Butler
Regulatory Specialist II

Letter Number: 313A00016173

FILED
13 JUN 27 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
13 JUL - 1 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MSI Telemed, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ryan Phillips, Corporate Secretary

Name of Person

SixthSense MedTech, LLC f/k/a MSI Telemed, LLC

Firm/Company

3511 Silverside Road, Suite 105

Address

Wilmington, DE 19810

City/State and Zip Code

info@nb-co.com

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

For further information concerning this matter, please call:

Ryan Phillips at (561) 894-29993

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

FILED
13 JUN 27 AM 10:45
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of
State: MSI Telemed, LLC

2. Jurisdiction of its organization: Delaware

3. Date authorized to do business in Florida: 6/6/2013

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the
change effected under the laws of its jurisdiction of organization? 6/24/2013

5. New name of the limited liability company: SixthSense MedTech, LLC
(must end with "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 end with "Limited Liability Company," "L.L.C."
or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration:

N/A

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

N/A

8. If the amendment corrects any false statement, indicate the statement being corrected and the
correction: N/A

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned
amendment(s), duly authenticated by the official having custody of records in the jurisdiction under
the law of which this entity is organized.


Signature of a member or the authorized representative of a member

Ryan Phillips

Typed or printed name of signee

Filing Fee: \$25.00

FILED
13 JUN 27 AM 10:45
CLERK OF CIRCUIT COURT
ALBUQUERQUE, NEW MEXICO

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SIXTHSENSE MEDTECH, 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 FIRST DAY OF JULY, A.D. 2013.

FILED
13 JUN 27 AM 10:45
CLERK OF STATE
DELAWARE
HARRISBURG, FLORIDA

5290655 8300

130836181



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 0555065

DATE: 07-01-13

JUN-24-2013 15:00

YRL DRL2

302 477 9811 P.02

State of Delaware
Secretary of State
Division of Corporations
Delivered 02:59 PM 06/24/2013
FILED 02:57 PM 06/24/2013
SRV 130808546 - 5290655 FILE

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. The name of the limited liability company is MSI TELEMED, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

FIRST: The Name of the Limited Liability Company is

SixthSense MedTech, LLC

IN WITNESS WHEREOF, the undersigned has executed this Certificate on the 24
day of June, 2013.

By: Ryan Phillips
Authorized Person(s)

Name: Ryan Phillips
Print/Type Name

FILED
13 JUN 27 AM 10:45
DEPARTMENT OF STATE
HALLMARKS, FLORIDA