

M13000003578

(Requestor's Name)

(Address)

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PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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06/28/13--01001--005 **25.00

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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

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13 JUN 27 AM 10:14
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CLERK OF SUPERIOR COURT

MSI Telemed, LLC

- 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 _____
Name _____ Date 06/27/13 _____
Time _____

Walk-In _____ Will Pick Up _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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

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

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
 DEPARTMENT OF STATE
 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)

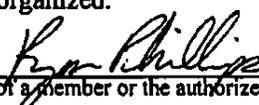
1. Name of limited liability company as it appears on the records of the Florida Department of State: MSI Telemed, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 6/6/2013

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? 8/24/2013
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

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13 JUN 27 AM 10:45
STATE OF FLORIDA
TALLAHASSEE

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
SECRETARY OF STATE
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 - 5290659 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA