# M13000006241

•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number);
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2013 OCT -2 AM 8: 03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK OCT - 3 2013

**EXAMINER** 

CR2E027	(9/1)	0)

# **COVÉR LETTER**

•	
TO: Registration Section Division of Corporations	
SUBJECT: Registration of Name of 1	Moty Medical and Legal Services, LCC Limited Liability Company
	ompany for Authorization to Transact Business in Florida," Certificate of efferenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to	the following:
D. Jeremy	Rame of Person
MOTY, MA	Firm/Company Legal Services LCC
44.35 Touch	ton Roal (200) # 632 Address
Jackson ville	F1. 37246
	sed for future annual report notification)
For further information concerning this matter, please call	8: 03
	at (
	REET ADDRESS: sign of Corporations
Registration Section Reg	istration Section
	ton Building
	1 Executive Center Circle ahassee, FL 32301
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sigma\$	· · · · · · · · · · · · · · · · · · ·

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIG LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Moty Medical and Legal Services (Campany, "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. Stak of Georgia 3. 26-2537067  (Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)
4. April 29 2008 (Date of Organization)  5.   Ouration: Year limited liability company will cease to exist or "perpetual")
6. (Date this transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 3324 Peachtree Road NE. unit 2008 Fig E T
(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:  Texerny 6. Romes 4435 Touch to 12 East #632
Jacksonville, Fl. 32246
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records 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:
MOTY medical and legal Services, CLC.
MOTY, medical and legal Services, CLC.
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
t yped of printed finite 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:	
MOTY medical and Legal Services, 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:	
Dr. Tereny Remai AHE 1788	-
Florida Street Address (P.O. Box NOT ACCEPTABLE)	1
Jacksonville FL 32246	

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.

Jeremy George Rem

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

## STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CONTROL NUMBER DATE INC/AUTH/FILED: April 29, 2008 JURISDICTION

: 08034108 : Georgia

PRINT DATE

: 9/2/2013 7:22:08 PM

#### CERTIFICATE OF EXISTENCE

I. Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### MOTY MEDICAL AND LEGAL SERVICES LLC A Domestic Limited Liability Company

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Brian P. Kemp Secretary of State



### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 16, 2013

D JEREMY GEORGE REMUS 4435 TOUCHTON ROAD, EAST #632 JACKSONVILLE, FL 32246

SUBJECT: MOTY MEDICAL AND LEGAL SERVICES, LLC

Ref. Number: W13000045065

2013 OCT -2 AH 8: 03
SECRETARY OF STATES
TALLAHASSEE, FLORIGE

We have received your document for MOTY MEDICAL AND LEGAL SERVICES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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.

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) 245-6051.

Leslie Sellers Regulatory Specialist II

Letter Number: 813A00019663



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 12, 2013

D JEREMY GEORGE REMUS 4435 TOUCHTON ROAD, EAST #632 JACKSONVILLE, FL 32246

SUBJECT: MOTY MEDICAL AND LEGAL SERVICES, LLC

Ref. Number: W13000045065

2013 OCT -2 AM 8: 03

SECRETARY OF STATE

SECRETARY OF STATE

OF S

We have received your document for MOTY MEDICAL AND LEGAL SERVICES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The document must be signed by a member or an authorized representative of a member.

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) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 913A00021489