Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Foreign Limited Liability Company NxStage Orlando South, LLC

RECEIVEU OCT 25 AM 7:30 ECRETARY OF STATE

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

K.SALY EXAMINER OCT 28 2013

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

10/25/2013

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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

NxStage Orlando South, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Cortificate 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:

Kristen Thompson
Name of Person
NxStage Medical, Inc.
Firm/Company
350 Merrimack Street
Address
Lawrence, MA 01843
City/State and Zip Code
krthompson@nxstage.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristen Thompson

,978 (655-204

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 TRANSACT BUSINESS IN FLORIDA

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

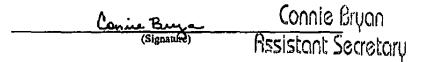
IMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: NXStage Orlando South, LLC		
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")		
(If name unavailable, enter alternate name adopted for the purpose of transacting business in 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. Delaware (Jurisdiction under the law of which foreign limited liability (FBI number, if applicable)		
company is organized) 4. 06/19/2013 5. perpetual		
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")		
6. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)		
7. 350 Merrimack Street 分		
Lawrence, MA 01843 (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:		
NxStage Florida, LLC, 350 Merrimack St, Lawrence, MA 01843		
·		
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records it the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a lineign language, a translation of the certificate under eath of the translator must be submitted.)		
11. Nature of business or purposes to be conducted or promoted in Florida:		
The transaction of any or all lawful business for which limited liability companies may be organized.		
Motofflen		
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.)		
+object Brown		
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.

	ريب الريب الري
alternate to be used in the state of Florida is:	FA - 20
he Florida street address of the registered agent	and office are:
T Corporation System	
(Name)	
200 South Pine Island Ro	ad
Plorida Street Address (P.O. Box NOT ACCE	PTABLE)
lantation _{FL} 3332	24
1	1200 South Pine Island Ro Plorida Street Address (P.O. Box NOT ACCE

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.



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

Delaware

DAGE :

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NXSTAGE ORLANDO SOUTH, LLC" IS DULY PORMED 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 TWENTY-SECOND DAY OF OCTOBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5353719 8300

131223343

You may verify this certificate coling

Jeffrey W. Bullock, Secretary of State

DATE: 10-22-13