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PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	)
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Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	,

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T. BROWN

CR2E027 (9/10)

#### **COVER LETTER**

TO: Registration Section Division of Corporations

CONSULTING L.L.C. 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:

Kevin A. DiTanna, Esq.
Name of Person
Hyde Park Law Firm, P.A.
Firm/Company
2506 W. Platt Street
· Address
Tampa, Florida 33609
City/State and Zip Code
ditanna@hydepark-law.com
E-mail address: (to be used for future annual report notification)
mation concerning this matter, please call:

For further infor

Kevin A. DiTanna, Esq.

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 Fec & Certified Copy

☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

## HYDE PARK LAW FIRM

November 27, 2013

#### Via U.S. Mail

Department of State Division of Corporations Attn: Teresa Brown P.O. Box 6327 Tallahassee, Florida 32314

Re: Filing of Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida LG CONSULTING L.L.C. using the alternate name in Florida of LG HEALTHCARE CONSULTING L.L.C

#### Dear Ms. Brown:

Enclosed for filing please find the following:

- (i) Letter from you dated October 25, 2013 requesting the submittal of a corporate resolution to permit the use of an alternate name in Florida;
- (ii) Written Consent to Adopt Alternate Name for Use in the State of Florida as signed by Robert Gammons, the Managing Member;
- (iii) Application by Foreign LLC for Authorization to Transact Business in Florida:
- (iv) Certificate of Designation of Registered Agent / Registered Office; and
- (v) Certificate of Existence with Status in Good Standing (from the state of Nevada).

Please note that the original filing fee of \$125.00 was previously paid to you under Letter Number 613A00025011 and was not returned to me with your above described letter. Please apply the original filing fee to this application and process the application in the ordinary course of business.

If you have any questions or if there are any problems, please do not hesitate to contact me.

Sincerely,

Kevin DiTanna, Esq.

**Enclosures:** 



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 25, 2013

KEVIN A. DITANNA, ESQ. HYDE PARK LAW FIRM, P.A. 2506 W PLATT STREET TAMPA, FL 33609

SUBJECT: LC HEALTHCARE CONSULTING L.L.C.

Ref. Number: W13000059597

We have received your document for LC HEALTHCARE CONSULTING L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

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.

Teresa Brown Regulatory Specialist II

Letter Number: 613A00025011

## 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:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN TH	HE .	STATE OF FLORIDA:		
LG CONSULTING L.L.C.		## 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_	
(Name of Foreign Limited Liability Company; must incl				
LG HEALTHCARE CONSULTING L.L.				
(If name unavailable, enter alternate name adopted for the purp consent of the managers or managing members adopting the alt Company," "L.L.C," "LLC.")				
, NEVADA	3	36-4753265		
(Jurisdiction under the law of which foreign limited liability company is organized)	٠.	(FEI number, if applicable)		
<sub>4.</sub> JULY 31, 2012	5.	PERPETUAL		
(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")	•	
<sub>6.</sub> JANUARY 1, 2013				
(Date first transacted business in F (See sections 608.501 & 608.502 F.)	lori S. ια	da, if prior to registration.) o determine penalty liability)	_	
<sub>7.</sub> 6365 SIMMONS STREET, SUITE	14			
LAS VEGAS, NEVADA 89031		OEC CAE LAH.	_ <b>-</b> "Ŋ	
(Street Addres	s of	Principal Office)		
8. If limited liability company is a manager-manager	d co	empany, check here		
9. The name and usual business addresses of the managing members or managers are as follows:				
ROBERT GAMMONS, MANAGING MEMBER				
201 E. RUBY AVENUE, SUITE C				
KISSIMMEE, FLORIDA 34741			_	
10. Attached is an original certificate of existence, no more than 9	ν. 	are old duly authenticated by the official having a stady of		
the jurisdiction under the law of which it is organized. (A photoco				
translation of the certificate under cath of the translator must be su				
11. Nature of business or purposes to be conducted of	or p	promoted in Florida:		
All legal business purposes.			<b></b> '	
KAMBERULE	2	· · · · · · · · · · · · · · · · · · ·		
_ <del></del>		orized representative of a member.		
(In accordance with section 608.408(3), F.S., the exc	ecut	ion of this document constitutes an affirmation under the		

Typed or printed name of signee

ROBERT GAMMONS, AS MANAGING MEMBER

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.)

## 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:

## LG CONSULTING L.L.C.

If unavailable, the alternate to be used in the state of Florida is:

### LG HEALTCHARE CONSULTING L.L.C.

2. The name and the Florida street address of the registered agent and office are:

ROBERT GAMMONS			
(N	ame)		
201 E. RUBY AVEN	NUE, SUITE C		
Florida Street Address (P.O. Box NOT ACCEPTABLE)			
KISSIMMEE	<sub>EV</sub> 34741		

City/State/Zip

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)

# WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing
Members of LG CONSULTING L.L.C.
(Name of Limited Liability Company)
a limited liability company duly organized and existing under the laws of
Nevada
(State or Country of Organization)
Because the name of this foreign limited liability company does not satisfy the
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the
following name to transact business in the state of Florida:
LG HEALTHCARE CONSULTING L.L.C.
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.)
Date: January 1, 2013
Signature(s) of Manager(s) and/or Managing Member(s):
Folg H Janne

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, LG CONSULTING L.L.C., as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 30, 2012, and is in good standing in this state.

OF THE OF

Electronic Certificate
Certificate Number: C20131127-0083
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on November 27, 2013.

ROSS MILLER Secretary of State