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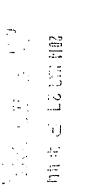
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B. BOSTICK

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TO:

Registration Section Division of Corporations

SUBJECT: LOCUM LLC

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 mat	ter to the follo	wing:					
John J.	Shea							
<del></del>		Name o	f Person					
John J.	Shea, P	.A.						
		Firm/Co	ompany					
1776 R	ingling B	lvd.						
<del></del>		Add	iress					
Saraso	ta, FL 34	236						
		City/State ar	nd Zip Code					
swartzr	ngmt@ad	ol.com				i gan ig	2014	e da
	E-mail address: (	to be used for f	uture annual rep	ort notifica	tion)			Ú L m
For further information concerning	ng this matter, please	e call:					رب د۱۰۵ لمب	
John J. Sh	ea	at	941	556	5999		Ū.	
Name	of Contact Person		Area Code	Day	time Telephone	Number	· .:	
MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	<u>:</u> s	STREET Al Division of C Registration Clifton Build 2661 Execut Tallahassee,	Corporations Section ling ive Center Circ	ele			)	
Enclosed is a check for the  \$125.00 Filing Fee		Fee &	\$155.00 Filing Certified Cop		□ \$160.00 Fi	iling Fee, C & Certified		te

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. LOCUM 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 Liability Company," "L.L.C," or "LLC.")	Florida. The alternate name must include "Limited
<sub>2.</sub> Delaware 3.	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4.	
(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine pe	gistration.) nalty liability)
5. 11125 Gulf Shore Drive, #703	
Naples, FL 34108	
(Street Address of Principal Office)	443
11125 Gulf Shore Drive, #703	
Naples, FL 34208	۱۱ ه ه ه هم این در د محمد در این د
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/h	ave authority to manage is/are:
PEGGY A. THODOS, Manager	
11125 Gulf Shore Drive, #703, Naples	
<u> </u>	<del>,, , </del>
8. Attached is an original certificate of existence, no more than 90 day	
naving custody of records in the jurisdiction under the law of which it acceptable. If the certificate is in a foreign language, a translation of the	
nust be submitted)	to certificate under outil of the transfar
Signature of an authorized per In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation us aware that any false information submitted in a document to the Department of State constitutes at the same of the constitutes as the constitutes are constituted in the constitutes as the constitutes are constituted in the constitutes as the constitutes as the constitutes are constituted in the constitutes as the constitutes are constituted in the constitutes as the constitutes are constituted in the constitute of the constitutes as the constitute of the constitutes as the constitute of the con	nder the penalties of perjury that the facts stated herein a
John J. Shea	
Typed or printed name of signed	<del></del>

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:		
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 a	are:	
2. The name	and the Florida street address of the registered agent and office a		
2. The name		20 14 15 15 15 15 15 15 15 15 15 15 15 15 15	Þ.
2. The name	John J. Shea		50 
2. The name	John J. Shea		
2. The name	John J. Shea  (Name)  1776 Ringling Blvd.		

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 605, Florida Statutes.

(Signature)

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

## Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LOCUM 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 SECOND DAY OF JANUARY, A.D. 2014.

5129991 8300

131495209

Jeffrey W. Bullock, Secretary of Stat AUTHENTYCATION: 1025683

DATE: 01-02-14

You may verify this certificate online at corp.delaware.gov/authver.shtml