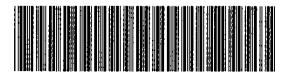
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COVER LETTER

TO₂ Registration Section **Division of Corporations**

Universal Marine Medical Supply International, 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

Please return all correspondence concerning this matter to the following:
Stuart B. Ratner, Esq.
Name of Person
Stuart B. Ratner, P.C.
Firm/Company
1010 Summer Street, Suite 101
Address
Stamford, CT 06905
City/State and Zip Code
stuart@ratnerlawfirm.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stuart B. Ratner 203 323-4900

Stu

Name of Contact Person

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

1. Unive	ersal Marine Medical Supply Interr		
	(Name of Foreign Limited Liability Company; must in	nclude	"Limited Liability Company," "L.L.C.," or "LLC.")
	vailable, enter alternate name adopted for the purpose on npany," "L.L.C," or "LLC.")	of tran	sacting business in Florida. The alternate name must include "Limited
Dela	• • •	3	46-3961065
	on under the law of which foreign limited liability is organized)		(FEI number, if applicable)
4	/N . W 11	, F4	
	(Date first transacted business (See sections 605.0904 & 605.09	in Fi 05, F	orida, it prior to registration.) S. to determine penalty liability)
_{5.} <u>27 S</u>	Sylvaton Terrace		
Stat	en Island, NY 10305		
 _{5.} 27 S	(Street Addition Terrace	ress o	(Principal Office)
Stat	en Island, NY 10305		
	(Mi	ailing	Address)
7. The m	ame title or canacity and address of the n	ersoi	n(s) who has/have authority to manage is/are:
	E. Schaefer, Manager	0.00.	no) who has have addressly to manage to ute.
DIGW			
c/o Ca	rnegie Hudson Resources,	15	52 W. 57th Street, 52nd Floor
New Y	ork, NY 10019		
naving cur acceptable must be su	stody of records in the jurisdiction under to the certificate is in a foreign language abmitted) Signature of with section 605.0203, F.S., the execution of this document cany false information submitted in a document to the Department.	f an a	ore than 90 days old, duly authenticated by the official aw of which it is organized. (A photocopy is not ranslation of the certificate under oath of the translator authorized person lites an affirmation under the penalties of perjury that the facts stated herein are true. I State constitutes a third degree felony as provided for in s.817.155, F.S.)
	Drew E. Schaefer,		
	Typed or print	ted r	name of signee

N

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

Universal Marine Medical Supply International, LLC	
1. The name of the Limited Liability Company is:	
AGENT IN THE STATE OF FLORIDA.	
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERI	ED
STATE TES, THE CIDENSIGNED ENTITED EMBLETT COMPANY SEDMITS THE	

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

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

Edythe Lavine				
(Name)				
806 Cypress Grove Lane, #403				
Florida Street Address (P.O. Box NOT ACCEPTABLE)				
Pompano Beach FL	33069			
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 605, Florida Statutes.

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

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "UNIVERSAL MARINE MEDICAL SUPPLY

INTERNATIONAL, 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 TWENTY-SIXTH

DAY OF MARCH, A.D. 2014.

14 WY -5 Et 2 ST

5070017 8300

140382304

AUTHENTICATION: 1242985

DATE: 03-26-14

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