

From:

Division of Corporations

((H14000170648 3)))

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Florida Department of State
Division of Corporations
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Foreign Limited Liability Company
APPLE OCCUPATIONAL MEDICAL SERVICES LLC

Certificate of Status	0
Certified Copy	0
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Corporate Filing Menu

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14 JUL 17 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUL 17 PM 4:45

FILED

From:

07/17/2014 03:13

#006 P.002/004

((H14000170648 3)))

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

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

1. APPLE OCCUPATIONAL MEDICAL SERVICES LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," "LLC.")

2. Pennsylvania

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(FEI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 510 Jamison Avenue, Ellwood City, PA 16117

(Street Address of Principal Office)

6. 510 Jamison Avenue, Ellwood City, PA 16117

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Anthony Santilli, CEO

510 Jamison Avenue, Ellwood City, PA 16117

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in 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.)

Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes 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.)

Anthony Santilli

Typed or printed name of signee

((H14000170648 3)))

14 JUL 17 PM 4:15
DEPT. OF STATE
TALLAHASSEE, FLORIDA

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From:

07/17/2014 03:14

#006 P.003/004

((H14000170648 3)))

**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:

Apple Occupational Medical 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:

National Corporate Research, Ltd., Inc.
(Name)

155 Office Plaza Drive
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee FL 32301
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.

Ann Marie Carrano
(Signature)

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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From:

07/17/2014 03:14

#006 P.004/004

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
JUNE 19, 2014

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING

I DO HEREBY CERTIFY THAT,

Apple Occupational Medical Services LLC

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Casey A. Riddle

Secretary of the Commonwealth

Certification Number: 11929950-1
Verify this certificate online at <http://www.corporations.state.pa.us/corp/soskb/verify.asp>

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16 JUL 17 PM 4:45

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