

M15000000616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

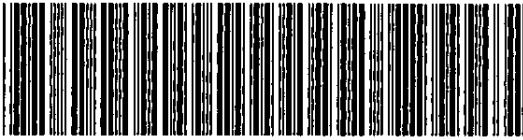
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 26 2015
T. BROWN

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January 6, 2015

Florida Division of Corporations
Clifton Building- Amendment Section
2661 Executive Center Circle
Tallahassee, FL 32301

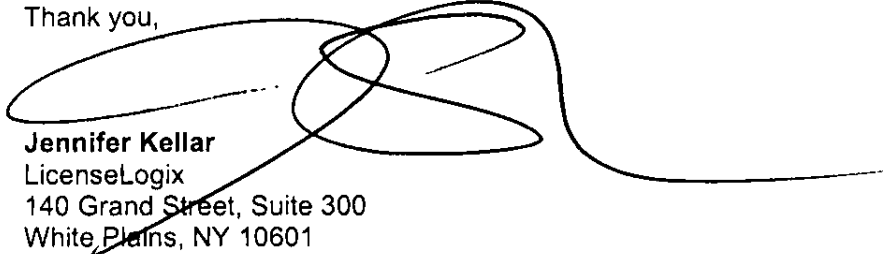
Re: **Medical Recovery Specialists, LLC**
Application by Foreign Limited Liability Company for Authorization to Transact
Business in Florida

To Whom It May Concern:

Enclosed please find an **Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida** that is being submitted for our client, **Medical Recovery Specialists, LLC**. Once this has been processed, please forward evidence of approval to the mailing address on the initial application.

If there is any issue, or if you require any further information, please do not hesitate to contact me or my colleague, Caitlin Haggerty, at chaggerty@licenseLogix.com or (800) 292-0909 x320.

Thank you,



Jennifer Kellar
LicenseLogix
140 Grand Street, Suite 300
White Plains, NY 10601
jkellar@licenseLogix.com
(800) 292-0909 x311

**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. Medical Recovery Specialists, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware

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

3. 27-3946144

(FBI number, if applicable)

4. Upon licensure

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

5. 2250 E. Devon Ave. Ste. 352 3rd Floor Des Plaines, IL 60018

(Street Address of Principal Office)

6. 6955 Hillside Court, Indianapolis, IN 46250

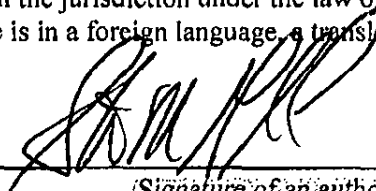
(Mailing Address)

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

Steve Gayheart, Chief Operating Officer, 2250 E. Devon Ave. Ste. 352 3rd Floor Des Plaines, IL 60018

Mark Schabel, Chief Executive Officer, 2250 E. Devon Ave. Ste. 352 3rd Floor Des Plaines, IL 60018

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 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 8.17.155, F.S.)

Steve Gayheart

Typed or printed name of signee

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TALLAHASSEE FLORIDA

**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:
Medical Recovery Specialists, 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:

Corporation Service Company

(Name)

1201 Hays Street

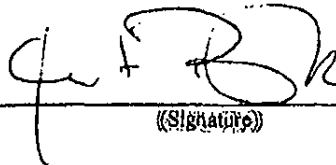
Florida Street Address (P.O. Box NOT ACCEPTABLE)

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.



Janet Budhu, Asst. Vice President

((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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Delaware

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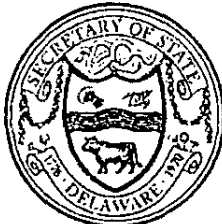
The First State


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDICAL RECOVERY SPECIALISTS, 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. 2015.

4893090 8300

141603682

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2004992

DATE: 01-02-15