

Division of Corporations

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M1500001884

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

RE-SUBMIT

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA00000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Please retain original filing
date of submission 3/11

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

Foreign Limited Liability Company
League Medical Concepts, LLC

Certificate of Status	0
Certified Copy	0
Page Count	056
Estimated Charge	\$763.75

RECEIVED

15 MAR 12 AM 10:00

BUREAU OF COMMERCIAL
INFORMATION SERVICESOFFICE OF STATE
TALLAHASSEE, FLORIDA

2015 MAR 11 AM 8:30

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Corporate Filing Menu

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Leagus Medical Concepts, 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 matter to the following:

Dona M. Rodrigue
Name of Person

Fredrikson & Byron, P.A.
Firm/Company

200 South Sixth Street, Suite 4000
Address

Minneapolis, MN 55402
City/State and Zip Code

drodrigue@fredlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dona M. Rodrigue at (612) 492-7520
Name of Contact 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 Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

850-817-6381

3/12/2015 8:10:04 AM PAGE

17001 Fax Server



March 12, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION

RE-SUBMIT

SUBJECT: LEAGUE MEDICAL CONCEPTS, LLC
REF: W15000017522

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

The name of the CEO is not legible.

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.

Neysa Culligan
Regulatory Specialist II

FAX Aud. #: H15000062325
Letter Number: 415A00005001

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15 MAR 12 AM 10:00
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INFORMATION SERVICES

FILED (4/6)

2015 MAR 11 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. League Medical Concepts, 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. Texas 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. April 1, 2014
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3027 Marina Bay Drive, Suite 110
League City, TX 77573
(Street Address of Principal Office)

6. 3027 Marina Bay Drive, Suite 110
League City, TX 77573
(Mailing Address)

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

Chief Executive Officer, 3027 Marina Bay Drive, Suite 110, League City, TX 77573
Gerald Boyle

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 605.0903, 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 s.817.135, F.S.)

Gerald Boyle, Chief Executive Officer
Typed or printed name of signee

**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:

League Medical Concepts, 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:

C T Corporation System

(Name)

1200 South Pine Island Road

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

Plantation

FL 33324

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.

Jeanne Nelson

Assistant Secretary

By: C T Corporation System

(Signature)

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

FILED
2015 MAR 11 AM 8:30
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Carlos Cascos
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Organization for League Medical Concepts, LLC (file number 800053226), a Domestic Limited Liability Company (LLC), was filed in this office on February 06, 2002.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 11, 2015.



A handwritten signature in black ink, appearing to read "Cascos", followed by a horizontal line.

Carlos Cascos
Secretary of State