

M500002721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

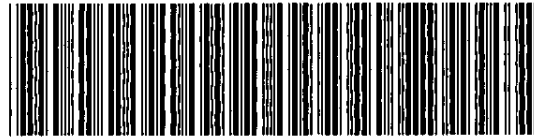
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W15-24568 consent

Office Use Only



500269839115

RECEIVED  
FILED  
DEPARTMENT OF STATE  
15 APR -8 15 APR -8 PM 4:25

FILED  
15 APR -8 PM 4:25

APR 15 2015  
S. YOUNG

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 581110 5061889

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : April 8, 2015

ORDER TIME : 2:46 PM

ORDER NO. : 581110-005

CUSTOMER NO: 5061889

FOREIGN FILINGS

NAME: CALLINGMED LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 9, 2015

CSC / COURTNEY WILLIAMS

SUBJECT: CALLINGMED LLC  
Ref. Number: W15000024568

**RESUBMIT**  
Please give original  
submission date as file date.

We have received your document for CALLINGMED LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

The document number of the name conflict is L14000046891 "CALLINGMED LLC".

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 115A00007042

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
15 APR 14 PM 4:41  
NOT RECORDED  
TO ADMINISTRATIVE  
SUFFICIENCY OF FILING

FILED  
15 APR 14 PM 12:30  
FEB 14 2015

M15000002721

CALLINGMED LLC  
1451 W CYPRESS CREEK ROAD, SUITE 300  
FORT LAUDERDALE, FL 33309

CONSENT FOR USE OF LIMITED LIABILITY COMPANY NAME

BY  
CALLINGMED LLC

April 14, 2015

The undersigned, CALLINGMED LLC, a Florida limited liability company, does hereby consent to the use of the name CallingMed LLC in the State of Florida by CallingMed LLC, a Delaware limited liability company, and further consents to filing a copy of this Consent for Use of Limited Liability Company Name in the State of Florida along with the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida.

CALLINGMED LLC,  
a Florida limited liability company

By: SHERWOOD HOLDINGS, AWSW,  
LIMITED PARTNERSHIP, Manager

By: [Signature]  
Name: Art Witschke  
Title: Manager

By: SHAPPY LLC, Manager

By: [Signature]  
Name: Reid Shapiro  
Title: Member

FILED

APR -9 PM 12:37

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CallingMed 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:

**Reid Shapiro**

Name of Person

**CallingMed LLC**

Firm/Company

**1451 W. Cypress Creek Road #300**

Address

**Fort Lauderdale, FL 33309**

City/State and Zip Code

**reid@shappyholdings.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Ari Wirtschafter**

Name of Contact Person

at ( **561** )

Area Code

**414-1639**

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

FILED  
SEP 9 7 12 AM  
2009  
TALLAHASSEE, FL

**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. CallingMed 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. 35-2526448

(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. 1451 W. Cypress Creek Road #300

Fort Lauderdale, FL 33309

(Street Address of Principal Office)

6. 1451 W. Cypress Creek Road #300

Fort Lauderdale, FL 33309

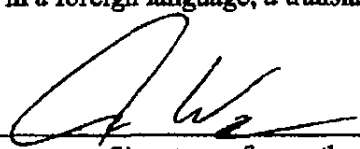
(Mailing Address)

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

Ari Wirschafter, Manager, c/o CallingMed LLC, 1451 W. Cypress Creek Road #300, Fort Lauderdale, FL 33309

Reid Shapiro, Manager, c/o CallingMed LLC, 1451 W. Cypress Creek Road #300, Fort Lauderdale, FL 33309

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 s.817.155, F.S.)

Ari Wirschafter, Manager

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:

CallingMed 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.*

Corporation Service Company

By:

(Signature)

**Robert O'Byrne**  
Vice President

\$ 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 "CALLINGMED 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 EIGHTH DAY OF APRIL, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CALLINGMED LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF DECEMBER, A.D. 2014.


AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED  
15 APR -9 11:12:33  
DELAWARE

5663211 8300

150481535



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2272078

DATE: 04-08-15