# M 1500 6662788

(Requ	estor's Name)			
(Addre	ess)			
(Addre	ess)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Fil	ing Officer:			

Office Use Only



000271029120

000271029120 03/30/15--01040--006 \*\*160.00



#### **COVER LETTER**

	Division of Corporations	
SURTEC	Bluestone National, LLC	
SOLJEC	Name	of Limited Liability Company
The enclo Existence	sed "Application by Foreign Limited Liabil, and check are submitted to register the abo	lity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida.
Please ret	urn all correspondence concerning this mat	ter to the following:
	Wendy JM Welsh	
		Name of Person
	Mellum & Welsh, LLP	
		Firm/Company
	4236 Vincent Avenue Sout	h
		Address
	Minneapolis, MN 55410	
	- 1711111	City/State and Zip Code
	wwelsh@mellumandwelsh.	com
	E-mail address: (	to be used for future annual report notification)
For furthe	er information concerning this matter, pleaso	e call:
,	Wendy JM Welsh	612 308-0178
<u></u>	Name of Contact Person	Area Code Daytime Telephone Number
I F F	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Fallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	d is a check for the following amount \$125.00 Filing Fee \$130.00 Filing Certificate of \$150.00 Filing	Fee & \$\Bigsim\$ \$155.00 Filing Fee & \$\Bigsim\$ \$160.00 Filing Fee, Certificate

## 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 Bluestone National, 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 na Liability Company," "L.L.C," or "LLC.")	me must in	clude "	Limited
2. Minnesota 3. 47-2545873			
(Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if application under the law of which foreign limited liability company is organized)	ble)		
4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)			
5. 4355 S. Atlantic Avenue			
New Smyrna Beach, FL 42168			
(Street Address of Principal Office)			
6. 4355 S. Atlantic Avenue			
New Smyrna Beach, FL 42168	وغند		<u>*</u>
(Mailing Address)		15	
7. The name, title or capacity and address of the person(s) who has/have authority to m	anage is/	and	
Todd Stivland, M.D.	200	30	tra <del>neri</del> Faurie A
Owner		AH.	
4355 vS. Atlantic Avenue, New Smyrna Beach, FL 42168	19.23 21.23	): 5	
<del></del>	100 mg		····-
8. Attached is an original certificate of existence, no more than 90 days old, duly authenthaving custody of records in the jurisdiction under the law of which it is organized. (A pacceptable. If the certificate is in a foreign language, a translation of the certificate under must be submitted)	hotocop	y is no	ot
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 am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provide	that the fact	s stated l 7.155, F	nerein are true .S.)
Wendy J.M. Welsh			

Typed or printed name of signee

### Office of the Minnesota Secretary of State Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:

Bluestone National LLC

Date Filed:

05/30/2014

File Number:

762865900023

Minnesota Statutes, Chapter:

322B

Home Jurisdiction:

Minnesota

This certificate has been issued on:

02/08/2015



Atere Pinn

Steve Simon

Secretary of State State of Minnesota ADLAHASSEESPEORIDA

## 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.

	e of the Limited Liability Company is: National, LLC	ι,	
If unavailab	le, the alternate to be used in the state of Florida is:		
2. The nam	e and the Florida street address of the registered agent and office are:		
	Todd Stivland, M.D.		
	(Name)	<del></del>	
•	4355 S. Atlantic Avenue	•	••
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	,	
	New Smyrna Beach 42168		
	City/State/Zip		
liability com registered a statutes rela	named as registered agent and to accept service of process for the above pany at the place designated in this certificate, I hereby accept the appopent and agree to act in this capacity. I further agree to comply with the ting to the proper and complete performance of my duties, and I am family bligations of my position as registered agent as provided for in Chapter and I will be accepted.  [Signature]	intment as provisions iliar yjth a	s of all and

\$ 100.00

25.00

30.00 5.00 Filing Fee for Application

Designation of Registered Agent Certified Copy (optional)

Certificate of Status (optional)