Florida Department of State

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(((H15000095008 3)))



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Foreign Limited Liability Company SOUTHEAST MED SUPPLIES, LLC

Certificate of Status	1	
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Lown APRIL 2015

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Corporate Filing Menu

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H15000095008

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

Southeast Med Supplies, LLC		
(Name of Foreign Limited Liability Company; must inclu	de "Limited Liebliny Company," "L.L.C.," or "LLC")	
ame unavailable, enter alternate name adopted for the purpose of builty Company," "L.L.C," or "L.L.C,")	ansacting buriness in Florids. The alternate name must include "l	Limita
Texas	30-0843482	
urisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	
and given the extension of a district of all to	TO A NOTICE TO A NOTICE BUT NOTICE BUT THE SAME TO A NOTICE BUT A SAME OF THE SAME OF	1
(Date first transacted business in (See sections 605.0904 & 605.0905)	Florida, if prior to regisfration.) F.S. to determine penalty liability)	
4730 N. Habana Avenue, Suite	⊋204	<u> </u>
Tampa, FL 33614	3-7-	·公·
(Street Address	of Principal Office)	ت
4730 N. Habana Avenue, Suite	e 204	
Tampa, FL 33614	OR OR	
	og Address)	
The name, title or capacity and address of the pers	on(s) who has/have authority to manage is/are:	
David A. Wood, Manager		
	204	 : :
4730 N. Habana Avenue, Suit	8 204	
Tampa, FL 33614	en e	
Attached is an original certificate of existence, no r	nors than 90 days old duly authenticated by the	
ing custody of records in the jurisdiction under the	law of which it is organized. (A photocopy is no	ot
eptable. If the certificate is in a foreign language, a	translation of the certificate under oath of the tra	inela
st be submitted)		
the second second of the SA	The second and the second second	:
Signature of a	n authorized person	•
coordinos with metion 605.0203, F.S., the execution of this document con- wern that any false information submitted in a document to the Department	stitutes an affirmation under the populties of perjury that the facts stated i	.5.)
David A. Wood, Ma		
	d name of signeo	

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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.

If unavailable, the alternate to be used in the s	state of Florida is:	F 40 7
2. The name and the Florida street address of	the registered agent and office are: 100 100	35
David L. Koche		
601 Bayshore Bl	(Name) vd., Suite 700 ss (P.O. BOX NOT ACCEPTABLE)	STATE
History and the community of the Tampa	33608	
Having been named as registered agent and to ltability company at the place designated in the registered agent and agree to act in this capac statutes relating to the proper and complete pe accept the obligations of my position as registe Statutes. (Signati	accept service of process for the above state is certificate, I hereby accept the appointmen- ity. I further agree to comply with the provi- trformance of my duties, and I am familiar w	ed limited nt as sions of all rith and

Comparations Section P.O.Box 13697 2008 Austin, Texas 78711-3697



Carlos H. Cascos Secretary of State

Office of the Secretary of State

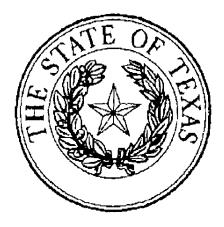
Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Southeast Med Supplies, LLC (file number 802064963), a Domestic Limited Liability Company (LLC), was filed in this office on September 16, 2014.

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 April 17, 2015.



Carlos H. Cascos Secretary of State

H15000095008

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