

M15000003219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

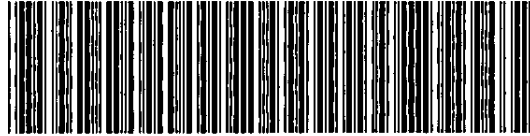
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100269138881

03/17/15--01028--001 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
15 APR 28 PM 2:11

APR 28 2015

647
sent cc



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 8, 2015

MICHAEL LAMB
706 ROCHESTER RD
PITTSBURGH, PA 15237

SUBJECT: ATOM MEDICAL USA, LLC
Ref. Number: W15000024182

We have received your document for ATOM MEDICAL USA, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 115A00006937

March 13, 2015

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Atom Medical USA, LLC (the "Company")

Dear Sir or Madam:

Enclosed for filing are the following documents on behalf of the Company:

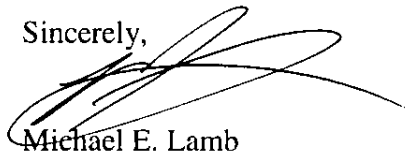
1. One Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
2. A certified copy of the Certificate of Organization for the Company issued by the Commonwealth of Pennsylvania; and
3. Cashier's Check in the amount of One Hundred Twenty Five and 00/100 Dollars (\$125.00) representing the required filing fee.

Upon filing, please forward the letter of acknowledgment to the undersigned at the address below.

Should you have any questions or require anything further in order to process this filing, please do not hesitate to contact our office.

Thank you for your assistance in this matter.

Sincerely,



Michael E. Lamb

MEL/ljr
Enclosures

**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. **Atom Medical USA, 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. **Pennsylvania**

3. **46-5746692**

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

(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. **100 Bradford Road, Suite 300**

Wexford, PA 15090

(Street Address of Principal Office)

6. **100 Bradford Road, Suite 300**

Wexford, PA 15090

(Mailing Address)

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

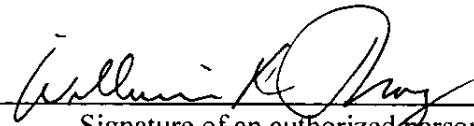
William R. Thompson, Manager

100 Bradford Road, Suite 300

Wexford, PA 15090

FILED
15 APR 28 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.)

William R. Thompson, 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:

Atom Medical USA, 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.


(Signature)

**Sharon R. Kresz
Assistant Secretary**

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

FILED
15 APR 28 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

MARCH 12, 2015

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Atom Medical USA, LLC

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.

FILED
15 APR 28 PM 2:11
SECRETARY OF STATE
TREASURER
ATTORNEY GENERAL
COMMISSIONER OF REVENUE
COMMISSIONER OF EDUCATION
COMMISSIONER OF LABOR & INDUSTRIAL RELATIONS
COMMISSIONER OF TRANSPORTATION
COMMISSIONER OF ENVIRONMENTAL PROTECTION
COMMISSIONER OF HUMAN RELATIONS
COMMISSIONER OF SENIOR SERVICES
COMMISSIONER OF SOCIAL SERVICES
COMMISSIONER OF VETERANS AFFAIRS
COMMISSIONER OF HEALTH
COMMISSIONER OF AGRICULTURE
COMMISSIONER OF FORESTRY
COMMISSIONER OF NATURAL RESOURCES
COMMISSIONER OF PUBLIC SAFETY
COMMISSIONER OF CRIMINAL JUSTICE
COMMISSIONER OF PROBATION & PAROLE
COMMISSIONER OF JAIL & DETENTION
COMMISSIONER OF CORRECTIONS
COMMISSIONER OF MENTAL HEALTH
COMMISSIONER OF SUBSTANCE ABUSE
COMMISSIONER OF ADDICTION SERVICES
COMMISSIONER OF COMMUNITY CARE
COMMISSIONER OF DEVELOPMENTAL DISABILITIES
COMMISSIONER OF ELMHURST
COMMISSIONER OF HUNTSVILLE
COMMISSIONER OF JEFFERSON
COMMISSIONER OF LEBANON
COMMISSIONER OF MERCERSBURG
COMMISSIONER OF MOUNTAIN TOP
COMMISSIONER OF NEWBURGH
COMMISSIONER OF OAKLAND
COMMISSIONER OF PORT JEFFERSON
COMMISSIONER OF RICHMOND
COMMISSIONER OF SCRANTON
COMMISSIONER OF SEAFORD
COMMISSIONER OF SELBYVILLE
COMMISSIONER OF SHARPSBURG
COMMISSIONER OF SHREWSBURY
COMMISSIONER OF SMITHSBURG
COMMISSIONER OF STAMFORD
COMMISSIONER OF STANTON
COMMISSIONER OF STEUBEN
COMMISSIONER OF THURMONT
COMMISSIONER OF TOWNSHIP
COMMISSIONER OF UNION
COMMISSIONER OF WASHINGTON
COMMISSIONER OF WESTCHESTER
COMMISSIONER OF WILKES
COMMISSIONER OF WILKESBARRE
COMMISSIONER OF WYOMING
COMMISSIONER OF YORK



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Pedro A. Contes

Acting Secretary of the Commonwealth