

# **M15000004049**

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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**FILED**  
2015 MAY -8 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**K. SALLY  
EXAMINER  
MAY 22 2015**

*W13-798*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 4, 2013

MARK BRUNSVOLD / PARCUS MEDICAL LLC  
839 S. NEENAH AVENUE  
STURGEON BAY, WI 54235

SUBJECT: PARCUS MEDICAL LLC  
Ref. Number: W13000000798

RECEIVED  
15 MAY -8 AM 10:00  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

We have received your document for PARCUS MEDICAL LLC and your check(s) totaling \$160.00. 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.

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 813A00000283

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Parcus Medical, 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:

Mark Brunsvold

\_\_\_\_\_  
Name of Person

Parcus Medical, LLC

\_\_\_\_\_  
Firm/Company

6423 Parkland Dr

\_\_\_\_\_  
Address

Sarasota, Florida 34243

\_\_\_\_\_  
City/State and Zip Code

Calban@parcusmedical.com

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

For further information concerning this matter, please call:

Charles Alban

941

755-7965

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

**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. Parcus Medical, 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. State of Wisconsin, USA 3. 20-8856132  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. January 2013  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6423 Parkland Dr  
Sarasota, Florida 34243  
(Street Address of Principal Office)

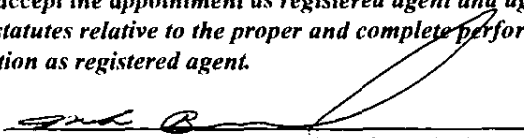
6. 6423 Parkland Dr.  
Sarasota, Florida 34243  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Mark Brunsvold  
Office Address: 6423 Parkland Dr  
Sarasota, , Florida 34243  
(City) (Zip code)

**Registered agent's acceptance:**

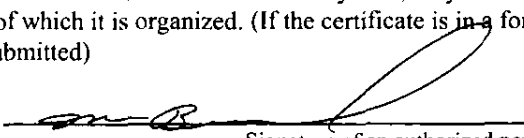
*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

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

Mark Brunsvold - President  
6423 Parkland Dr  
Sarasota, Florida 34243

9. Attached is a 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. (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.)

Mark Brunsvold  
Typed or printed name of signee

FILED  
2015 MAY -8 PM 2:53  
CLERK OF COUNTY  
SARASOTA, FLORIDA

United States of America  
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, GEORGE PETAK, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

**PARCUS MEDICAL, LLC**

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is April 13, 2007.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.

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2015 MAY -8 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on May 04, 2015.

*George Petak*

GEORGE PETAK, Administrator  
Division of Corporate and Consumer Services  
Department of Financial Institutions

DFI/Corp/33

**To validate the authenticity of this certificate**

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: 153101 A36B60C8