

MIS0000004162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

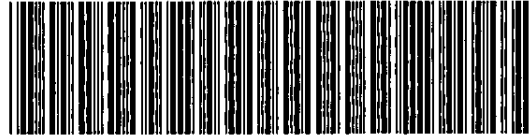
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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04/23/15--01004--002 **125.00

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2015 MAY 27 A 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WIS-30713

MAY 28 2015

T SCHROEDER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 14, 2015

ELIZABETH ROBINSON
300 TRADECENTER
#7000
WOBURN, MA 01801

SUBJECT: GRAVITY HEALTH, LLC
Ref. Number: W15000030713

RECEIVED
15 MAY 27 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for GRAVITY HEALTH, 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):

THE REGISTERED AGENT SECTION OF THE APPLICATION IS INCOMPLETE. PLEASE LIST THE REGISTERED AGENTS NAME.

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.

Terri J Schroeder
Regulatory Specialist II

Letter Number: 115A00010177



FLORIDA DEPARTMENT OF STATE
Division of Corporations

15 MAY 11 PM 2:52

TALLAHASSEE, FLORIDA

April 30, 2015

ELIZABETH ROBINSON
300 TRADECENTER
#7000
WOBURN, MA 01801

SUBJECT: GRAVITY HEALTH, LLC
Ref. Number: W15000030713

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAY 13 PM 4:30

RECEIVED

We have received your document for GRAVITY HEALTH, 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):

THE REGISTERED AGENTS NAME IS MISSING.,

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.

Terri J Schroeder
Regulatory Specialist II

Letter Number: 915A00008934

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Gravity Health, 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:

Elizabeth Robinson, Corporate Paralegal

Name of Person

McLane, Graf, Raulerson & Middleton, P.A.

Firm/Company

300 TradeCenter, Suite 7000

Address

Woburn, MA 01801

City/State and Zip Code

elizabeth.robinson@mclane.com

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

For further information concerning this matter, please call:

Elizabeth Robinson

Name of Contact Person

at (**781**)

Area Code

904-2703

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. Gravity Health, 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. 47-3486996

(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. 204 37th Ave. North # 333

St. Petersburg, FL 33704

(Street Address of Principal Office)

6. 204 37th Ave. North # 333

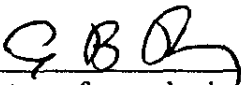
St. Petersburg, FL 33704

(Mailing Address)

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

Anthony Remington, Manager

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.)

Anthony Remington

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:

Gravity Health, 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:

Anthony Remington

204 37th Ave. North #333

(Name)

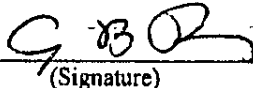
St. Petersburg

Florida Street Address (P.O. Box NOT ACCEPTABLE)

FL 33704

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)

Anthony B. Remington

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 MAY 27 A 8:21

FILED

Delaware

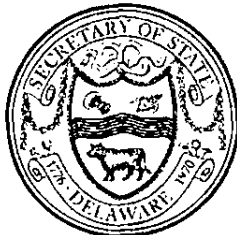
PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GRAVITY HEALTH, 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 THIRTEENTH DAY OF APRIL, A.D. 2015.

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


AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GRAVITY HEALTH, LLC" WAS FORMED ON THE TWENTIETH DAY OF MARCH, A.D. 2015.



5714363 8300

150499686

You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2283507

DATE: 04-13-15