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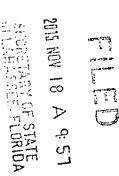
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RIEHLMAN SHAFER AND SHAFER

ATTORNEYS & COUNSELORS AT LAW**

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TIMOTHY G. RIEHLMAN CHARLES E. SHAFER OF COUNSEL

MARY ANNE McCLOSKEY

Legal Assistant

November 11, 2015

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

Re: Rickert Medical Services, PLLC

Dear Sir or Madam:

In regard to the above referenced matter, please find enclosed herein a Cover Letter, Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, Certificate of Good Standing and check in the amount of \$160.00 to cover the fee in this matter.

Please mail the Certificate of Status and Certified Copy to my office. I have provided an envelope for you use.

If you have any questions or require anything further please don't hesitate to contact me at any time.

Thank you.

Very truly yours,

Kimberley S. Earley Legal Assistant

Enc.

cc. S. Diane Rickert

** Partnership made up of Professional Limited Liability Companies

COVER LETTER

10: Registration Section , Division of Corporation.	s		
SUBJECT:		dical Service	, PLLC
•	140110-017	ommed Emonity Company	
The enclosed "Application by Fore Existence, and check are submitted	sign Limited Liability Comp I to register the above refere	pany for Authorization to Trenced foreign limited liabilit	ansact Business in Florida," Certificate of y company to transact business in Florida.
Please return all correspondence co	oncerning this matter to the	following:	
· <u> </u>	Matthew R	. Neuman , Es	2
		er and Shafer	-
	P.O. BOX 43	Address	
		13 59 tate and Zip Code	
	E-mail address: (to be use	· md @ qmail. d for future abudal report no	tification)
For further information concerning	g this matter, please call:		
	C. Numan Contact Person	at (<u>315</u>) <u>6</u>	96-2599 Lytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Talfalnassee, FL 32314		STREE Division Registra Clifton 2661 E)	T ADDRESS: n of Corporations ntion Section Building Recutive Center Circle ssee, FL 32301
Enclosed is a check for the follow ☐ \$125.00 Filing Fee	ing amount: ☐ \$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 PLORIDA IN COMPLIANCE WITH SECTION 603,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of Foreign Limited Liability (If name unavailable, onter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") <u>New Yo</u>rk (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Floride, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine pensity liability) (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: Florida Registered agent's accordances 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith 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: 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having oustody 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 This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree folony as provided for in s.817.155, F.S.

Typed or printed name of signes.

State of New York Department of State } ss

I hereby certify, that RICKERT MEDICAL SERVICES PLLC a NEW YORK Professional Service Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 10/10/2013, and that Professional Service Limited Liability Company is existing so far as shown by the records of the Department.



201510200037 * 12

Witness my hand and the official seal of the Department of State at the City of Albany, this 19th day of October two thousand and fifteen.

Anthony Giardina

Executive Deputy Secretary of State