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TALLAHASSEE, FLORIDA

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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

COVER LETTER

TO: Registration Section,
Division of Corporations

SUBJECT: Rickert Medical Services, PLLC
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:

Matthew R. Neuman, Esq.
Name of Person

Richman, Shafer and Shafer
Firm/Company

P.O. Box 430
Address

Tully, NY 13159
City/State and Zip Code

dianerickert.md@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew R. Neuman at (315) 696-2599
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. Rickert Medical Services, PLLC 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. New York
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-3649513
(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. Fishermen's Community Hospital

3301 Overseas Highway, Marathon, FL 33050
(Street Address of Principal Office)

6. _____
(Mailing Address)

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

Name: United States Corporation Agents, Inc.

Office Address: 13302 Winding Oak Court, Suite A

Tampa

(City)

Florida 33612

(Zip code)

Registered agent's acceptance:

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 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.

[Signature]
(Registered agent's signature)

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

S. Diane Rickert, Member

2828 N. Atlantic Avenue, Unit 206

Daytona Beach, FL 32118

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]
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 felony as provided for in s.817.155, F.S.

S. Diane Rickert
Typed or printed name of signee

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2015 NOV 18 A 9:51

FILED

**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.



*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

Anthony Giardina
Executive Deputy Secretary of State