# MEDODOM

(Requesti	or's Name)
(Address)	1
(Address)	
(City/Stat	e/Zip/Phone #)
PłCK-UP	WAIT MAIL
(Business	s Entity Name)
(Docume	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:
641 W15- 43	3349

Office Use Only



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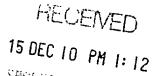
FILED:

15 SEP 21 PH 3: 33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 10 2015 S. YOUNG





### FLORIDA DEPARTMENT OF STATE AHASSES, FLORIDA Division of Corporations

September 23, 2015

DR DEDRICK MICHELLE DANIELS 9526 ARGYLE FOREST BLVD STE B2 #327 JACKSONVILLE, FL 32222

SUBJECT: ELITE ANKLE AND FOOT

Ref. Number: W15000063349

We have received your document for ELITE ANKLE AND FOOT 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.

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. はいい

Shelia H Young Regulatory Specialist II

Letter Number: 315A00020082

### **COVER LETTER**

TO:	egistration Section ivision of Corporations	
SUBJI	Elite Ankle and Foot	
0020	Name of Limited Liability Company	
	ed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificant check are submitted to register the above referenced foreign limited liability company to transact business in Fl	
Please	rn all correspondence concerning this matter to the following:	
	Dr. Dedrick Michelle Daniels	
	Name of Person	
	Elite Ankle and Foot	
	Firm/Company 75	
	9526 Argyle Forest Blvd Ste B2 #327	7
	Address 2	LED
	Jacksonville, FL 32222  City/State and Zip Code	Ö
	City/State and Zip Code	)
	drdmdaniels@gmail.com	i
	E-mail address: (to be used for future annual report notification)	
For fur	information concerning this matter, please call:	
	r. Michelle Daniels 917 686-1831	
	Name of Contact Person Area Code Daytime Telephone Number	
	AILING ADDRESS:  ivision of Corporations egistration Section O. Box 6327 Clifton Building allahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclos	a check for the following amount:  \$125.00 Filing Fee	

### 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:

	gn Limited Liability Com	ipany; must inclu	de "Limited Lial	bility Compa	iny," "L.L.C.," or '	LLC.")
f name unavailable, enter alto iability Company," "L.L.C,"		he purpose of tra	nsacting busines	s in Florida.	The alternate nam	e must include "Limited
Delaware	or EEC. )	2	47-3105021			
(Jurisdiction under the law o company is organized)	f which foreign limited lis	ability 3.		(FEI nun	ber, if applicable)	
	(Date first transact (See sections 605.09)	ted business in Fi 04 & 605.0905,	lorida, if prior to F.S. to determine	registration penalty lial	.) pility)	
1760 West Edgewood						
Jacksonville, FL 3220	3					
		ddress of Principa	al Office)			
9526 Argyle Forest Blv	/d Ste B2 #327					
Jacksonville, FL						TAS: <b>55</b>
<del></del>		(Mailing Address	s)			
Name and street address	of Florida registered a	gent: (P.O. Bo	x NOT accepts	able)		No. 12   No. 12
Name:	REGISTERED AG	ENTS INC.		<del>-</del>		
Office Address:	3030 N. Rocky Point Drive, STE 150A			_		FSTA FSTA PLOS PLOS PLOS PLOS PLOS PLOS PLOS PLOS
	TAMPA			, Florida	33607	* 33
		(City)		_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Zip code)	$\pi^{\omega}$ $\omega$
aving been named as reg iis application, I hereby a ith the provisions of all st	ccept the appointment atutes relative to the p	as registered a roper and comp	gent and agree plete performa Bill Havre//	e to act in t ince of my	his capacity. I fi duties, and I am	
e obligations of my positi	Dec 11	(Registered ag	ent's signature)			
e obligations of my positi	Get 1	(Registered ag	-	i.,	an interne	
The name, title or capac	•	person(s) who h	nas/have authori	•	ge is/are:	
The name, title or capacity. Dedrick Michelle Dan	ielle Che	person(s) who h	nas/have authori -Practice Adm	•	ge is/are:	
The name, title or capac	ielle Che	person(s) who h	nas/have authori -Practice Adm	•	ge is/are:	
The name, title or capacity. Dedrick Michelle Dan	ielle Che	person(s) who h	nas/have authori -Practice Adm Circle	•	ge is/are:	

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.

Typed or printed name of signee

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ELITE ANKLE AND FOOT 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 SEVENTH DAY OF NOVEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

FILED

5 SEP 21 PH 3: 33

SECRETARY OF STATE
SECRET

1975

5626548 8300 SR# 20150755949 Authentication: 10383455

Date: 11-07-15

### **Entity Details**

···			
File Number	5626548	Incorporation Date // Formation Date:	<b>10/23/2014</b> (mm/dd/yyyy)
Entity Name:	ELITE ANKLE A	ND FOOT LLC	
Entity Kind:	LIMITED LIABILITY COMPANY (LLC)	Entity⊤vpe.	GENERAL
Residency.	DOMESTIC	State	DE
Status:	GOOD STANDING	Status Date	07/20/2015

#### TAX INFORMATION

Last Annual Report Filed	NO REPORTS ON FILE	Tak Due:	\$ 0.00
Annual-Tax-Assessment	\$ 300.00	Total Authorized Shares:	0

#### REGISTERED AGENT INFORMATION

Name:	THE COMPANY CORPORATION	ARY B
Address:	2711 CENTERVILLE RD STE 400	TEST BY
City:	WILMINGTON County! NEW CASTLE	3 33 GATE GAIEU
State:	DE Postali Code: 19808	
Phone: 27 75	(302)636-5440	

### FILING HISTORY (Last 5 Filings)

Seq	Document	Code > Description 4:3	No: of	pages (mm/dd/yyyy)	Elling Ilm	Effective Date (mm/dd/yyyy)
1	0102Y	Register L.L.C.	1	10/23/2014	11:57	10/23/2014

Back to Entity Search

To contact a Delaware Online Agent click here.