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16 FEB 19 PH 4: 05
SECRETARY OF STATE
TALL AHASSEE FLORIDA

J. HARRIS

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	QUANTUM EMS LLC T:	
	Name of Limited Liability Company	
	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificat and check are submitted to register the above referenced foreign limited liability company to transact business in Florida,	
Please	urn all correspondence concerning this matter to the following:	
	MICHAEL GROSSMAN	
	Name of Person	
	QUANTUM EMS LLC	
	Firm/Company	
	3000 MARUCS AVE SUITE 3E6	
	Address	
	LAKE SUCCESS, NY 11042	
	City/State and Zip Code	
	MG@PGACPA.COM	
	E-mail address: (to be used for future annual report notification)	
For fur	er information concerning this matter, please call:	
	MICHAEL GROSSMAN 516 321-9494	
	Name of Contact Person Area Code Daytime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Callahassee, FL 32314 Registration Section Callahassee, FL 32301 Registration Section Clifton Building Callahassee, FL 32301	
Enclose	is a check for the following amount: ■ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certificate of Status	



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 3, 2016

MICHAEL GROSSMAN 3000 MARCUS AVE SUITE 3E6 LAKE SUCCESS, NY 11042

SUBJECT: QUANTUM EMS LLC Ref. Number: W16000007691

2016 FEB 19 PM 12: 41
SCURE LARY BY JANGA

We have received your document for QUANTUM EMS LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

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 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 716A00002308

SECREIARY OF STATE

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. QUANTUM EMS LLC	Ceign Limited Liability Company; must include "L	imited Liability Company," "L.L.C.," o	r ''LLC.'')				
(If name unavailable, enter al Liability Company," "L.L.C,	ternate name adopted for the purpose of transacti	ng business in Florida. The alternate na	me must inc	lude "Li	 imited		
, NEW YORK		1336342					
company is organized)	of which foreign limited liability	(FEI number, if applicable	e)		_		
4. 1/15/2016							
5 1526 COVENTRY LA	(Date first transacted business in Florida (See sections 605.0904 & 605.0905, F.S. to NE	, if prior to registration.) o determine penalty liability)					
FERNANDINA, FL 3							
-	(Street Address of Principal Off	ice)					
C/O PGA 3000 MAR	CUS AVE #3E6		\overline{A} ω				
LAKE SUCCESS, NY			L A	33 g	eriy y		
	(Mailing Address)			CD	# "PPTRIZ" P		
7. Name and street addres	s of Florida registered agent: (P.O. Box NO	OT acceptable)		9	ង្គាល់ ខេត្ត		
Name:	CHRIS BORDNICK		S FO	25			
Office Address:	1526 COVENTRY LANE		TATE ORIO	171.) :ት	~	O
	FERNANDINA BEACH	Florida 32034	Ä A	20			
	(City)	(Zip code)	_				
lesignated in this applica o complywith the provision	gistered agent and to accept service of procion, I hereby accept the appointment as regons of all statutes relative to the proper and my position as registered agent. (Registered agent's	gistered agent and agree to act in the complete performance of my dutie	iis capacity	. I fur	ther agre		
8. The name, title or capa	icity and address of the person(s) who has/ha	we authority to manage is/are:					
MICHAEL GROSSMAN	MEMBER						
	, , , , , , , , , , , , , , , , , , ,						
O. Attached is a certificate urisdiction under the law of the translator must be su	of existence, no more than 90 days old, duly of which it is organized. (If the certificate is ibmitted)	authenticated by the official having in a foreign language, a translation of	custody of	record	s in the ider oath		
	Signature of an author.	ized 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.

MICHAEL GROSSMAN

State of New York Department of State } ss:

I hereby certify, that QUANTUM EMS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/18/2013, and that the 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 08th day of February two thousand and sixteen.

Centiny Scardina

Executive Deputy Secretary of State