

MI 6 000001785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

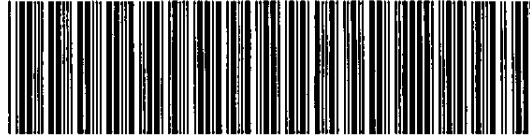
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

641

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07/19/16--01027--018 **25.00

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16 NOV 14 AM 7:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 20, 2016

FRANK SUESS
3381 FAIRLANE FARMS ROAD
WELLINGTON, FL 33414

SUBJECT: I SMART HEALTHCARE LLC
Ref. Number: M16000001785

We have received your document for I SMART HEALTHCARE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 016A00015159

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: i Smart Healthcare LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frank Suess

Name of Person

iSmart Healthcare LLC

Firm/Company

3381 Fairlane Farms Road

Address

Wellington, FL 33414

City/State and Zip Code

cristie@ismarthealthcare.com

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

For further information concerning this matter, please call:

Cristie Alden

Name of Person

at (954) 729-0563

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: I Smart Healthcare LLC

Enter new principal office address, if applicable: 3381 Fairlane Farms Road

(Principal office address

MUST BE A STREET ADDRESS)

Wellington, FL 33414

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

3381 Fairlane Farms Road

Wellington, FL 33414

2. The Florida document number of this limited liability company is: M16000001785

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 02/29/2016

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Ownr</u>	<u>Randy Syrop</u>	<u>1680 SE Lyngate Dr STE 202 Port St Lucie, FL 34952</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

[Signature]
Signature of the authorized representative

FRANK JUESS
Typed or printed name of signee

Filing Fee: \$25.00

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16 NOV 14 AM 7:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Partner	Starman Consulting LLC	3381 Fairlane Farms Rd, Wellington, FL 33414	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Partner	BLZ Healthcare LLC	3381 Fairlane Farms Rd, Wellington, FL 33414	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Partner	Deriammo II LLC	3381 Fairlane Farms Rd, Wellington, FL 33414	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Partner	CARY WHITE	3381 Fairlane Farms Rd, Wellington, FL 33414	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Partner	Medivalue LLC	3381 Fairlane Farms Rd, Wellington, FL 33414	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

FRANK SURES

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "I SMART HEALTHCARE LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE NINETEENTH DAY OF MARCH, A.D. 2015, AT 3:40 O'CLOCK P.M.

CERTIFICATE OF CHANGE OF ADDRESS OF REGISTERED AGENT, FILED THE TWENTY-SIXTH DAY OF APRIL, A.D. 2016, AT 8 O'CLOCK A.M.

CERTIFICATE OF AMENDMENT, FILED THE TWENTY-NINTH DAY OF AUGUST, A.D. 2016, AT 10:30 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "I SMART HEALTHCARE LLC".

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "I SMART HEALTHCARE LLC" WAS FORMED ON THE NINETEENTH DAY OF MARCH, A.D. 2015.



5713731 8310

SR# 20166534365

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203294897

Date: 11-07-16

Delaware

The First State

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



5713731 8310

SR# 20166534365

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203294897

Date: 11-07-16