

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H16000042165 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

Foreign Limited Liability Company
AXIA MEDICAL SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	045
Estimated Charge	\$125.00

K. SALY
EXAMINER

RE-SUBMIT

MAR - 3

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date of submission 2/18

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February 19, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: AXIA MEDICAL SOLUTIONS, LLC
REF: W16000012581

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The certificate provided does not evidence Good Standing in the home state,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Stacey M Mason
Regulatory Specialist II

FAX Aud. #: H16000042165
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RE-SUBMIT

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date of submission 2/18

2016 MAR -2 AM 11:25

RECEIVED
TALLAHASSEE, FLORIDA

3/2/2016 9:18:42 AM From: To: 8506176383(3/5)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AXIA MEDICAL SOLUTIONS,LLC

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:

Jennifer Flanagan

Name of Person

Axia Medical Solutions,LLC

Firm/Company

2105 Camino Vida Roble Ste L

Address

Carlsbad, CA 92011

City/State and Zip Code

customerservice@axiamedical.com

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

For further information concerning this matter, please call:

Jennifer Flanagan

866

494-4466

Name of Contact Person

at ()

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. Axia Medical Solutions, 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. California

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(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. 2105 Camino Vida Roble Ste L

Carlsbad, CA 92011

(Street Address of Principal Office)

6. _____

(Mailing Address)

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

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (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.

By: NRAI Services, Inc.

Nicole Chaurinond

(Registered agent's signature)

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

Jim Krulisky - Manager 2105 Camino Vida Roble Ste L, Carlsbad, CA 92011

Harold Kechter - Manager 2105 Camino Vida Roble Ste L, Carlsbad, CA 92011

Jennifer Flanagan - Manager 2105 Camino Vida Roble Ste L, Carlsbad, CA 92011

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)

Jennifer Flanagan
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.

Jennifer Flanagan
Typed or printed name of signer

FILED
2016 FEB 18 AM 9:41
CLERK OF STATE
TALLAHASSEE, FLORIDA

State of California
Secretary of State

FILED
2016 FEB 18 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF STATUS

ENTITY NAME: AXIA MEDICAL SOLUTIONS, LLC

FILE NUMBER: 200324210144
FORMATION DATE: 08/28/2003
TYPE: DOMESTIC LIMITED LIABILITY COMPANY
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of California this
day of March 1, 2016.

ALEX PADILLA
Secretary of State