

MI6000003367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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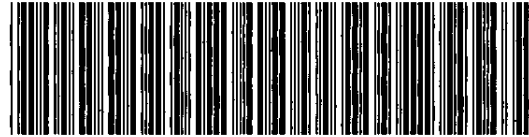
(Business Entity Name)

(Document Number)

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MI6000003367



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2016 APR 25 PM 12:47
TALLAHASSEE, FLORIDA

RESPIRATORY SLEEP SOLUTIONS, INC.

Pamela Wagner
General Counsel
214-415-5044
pamela.wagner@afcompanies.com

April 6, 2016

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

RE: Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida

To Whom It May Concern,

Enclosed please find a Cover Letter, Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, a true and correct copy of our Certificate of Formation and two (2) checks in the amounts of \$155.00 (one hundred and fifty-five dollars and no cents) for the filing fee and certified copy and \$500.00 (five hundred dollars and no cents) for the penalty of business transacted prior to application (please see application for details).

Please process and return in a certified copy in the enclosed self-addressed stamped FedEx envelope, it will be greatly appreciated.

For questions, concerns and additional information, please feel free to contact me directly at the above email and phone number.

Thank You,

Pamela Wagner,
General Counsel

Encl.
Pw/pf

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Florida Neurodiagnostics, 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:

Pamela Wagner

Name of Person

Alliance Family Of Companies, Inc.

Firm/Company

4545 Fuller Drive, Suite 100

Address

Irving, TX 75038

City/State and Zip Code

pamela.wagner@afcompanies.com

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

For further information concerning this matter, please call:

Pamela Wagner

214

415-5044

at ()

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. Florida Neurodiagnostics 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. Texas 3. 47-5123029
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 9/21/15
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4545 Fuller Drive, Suite 100
Irving, Texas 75038
(Street Address of Principal Office)

6. 4545 Fuller Drive, Suite 100
Irving, Texas 75038
(Mailing Address)

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

Name: Capitol Corporate Services, Inc.
Office Address: 155 Office Plaza Drive, Suite A
Tallahassee, Florida 32301
(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.

Melanie Case, asst. sec.
(Registered agent's signature)

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

Justin L. Magnuson - President/CEO
4545 Fuller Drive, Suite 100
Irving, Texas 75038

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)

Pamela Wagner
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.

Pamela Wagner, General Counsel
Typed or printed name of signer

FILED
APR 25 AM 9:34
CLERK OF THE COURT
TALLAHASSEE, FLORIDA

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Carlos H. Cascos
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Florida Neurodiagnostics LLC (file number 802284468), a Domestic Limited Liability Company (LLC), was filed in this office on September 01, 2015.

It is further certified that the entity status in Texas is in existence.

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In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 22, 2016.



A handwritten signature in black ink, appearing to read "Cascos", followed by a horizontal line.

Carlos H. Cascos
Secretary of State