Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160002438083)))



H160002438083AEC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone: (850)205-8842

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:

He SEN SULPHIZ: US

Foreign Limited Liability Company Fresenius Medical Care North Fort Myers, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 0 3 2016

Y SULKER

	• • • • • • •	***		
	. cc	VER LETTER		
TO: Registration Sec				
Fresenius Mo	edical Care North Fort Myers, LL(3		
SUBJECT:	Name of	Limited Liability Company		
Existence, and check are su	by Foreign Limited Liability Com- ibmitted to register the above refer	pany for Authorization to Trenced foreign limited liability	ansact Business in Florida." (Certificate of ss in Florida
water state of the				
•				
COVER LETTER TO: Registration Section Division of Corporations Fresenius Medical Cato North Fort Myers, 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: Name of Person Firm/Company Address City/State and Zip Code Wynelle-Scenna@free-na.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person Area Code Daytine Telephone Number MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Taliabassee, FL 32314 Enclosed is a check for the following amount: \$\Begin{array} \text{STREET ADDRESS:} \text{Division of Corporations} \text{Registration Section} \text{Title Dayting Fee} \text{Citting Building} \text{2661 Executive Center Cicle Taliabassee, FL 32314} Enclosed is a check for the following amount: \$\Begin{array} \text{S135.00 Filling Fee} & \Begin{array} \Begin{array} \text{S155.00 Filling Fee} & \Begin{array} \Begin{array} \Begin{array} \text{S155.00 Filling Fee} & \Begin{array} \Begin{array} \Begin{array} \text{S155.00 Filling Fee} & \Begin{array} \Begi				
	•	company		
COVER LETTER TO: Registration Section Division of Corporations SUBJECT: Presentes Medical Caro North Fort Myers, LLC SUBJECT: 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 Florid Please return all correspondence concerning this matter to the following: Name of Person Firm/Company Address City/State and Zip Code Wynelle.Scenna@fmc-na.com B-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contect Person Area Code Daytime Telephone Number **MATLING ADDRESS:** Division of Corporations Registration Section P.O. Box 6327 Tallatasses, FL 32314 Zefé Executive Center Circle Tallatasses, FL 32314 Enclosed is a check for the following amount: \$\Begin{array}** \$\Begin{array}** \text{State in Section} \text{Circle} \text{Tallatasses}, FL 32301 \text{Enclosed is a check for the following amount:} \$\Begin{array}** \text{State in Section} \text{Circle} \text{Tallatasses}, FL 32300 \text{Filing Fee} & \$\Begin{array}** \text{State in Section} \text{Circle} \text{Tallatasses}, FL 32300 \text{Filing Fee} & \$\Begin{array}** \text{State in Section} \text{Circle} \text{Tallatasses}, FL 32300 \text{Filing Fee}, Certificate				
		Vdnices		,
	City/S	State and Zip Code		
Wynelle.S	-			
	·	a for name annual report no	nucation)	
Por further information con	cerning this matter, please call:			
		at ()		
1	Name of Contact Person	Area Code Day	ytime Telephone Number	
Division of Corpo Registration Section P.O. Box 6327	rations on	Division Registra Clifton F 2 66 1 Ex	of Corporations tion Section Building ecutive Center Circle	
	Fee 🔲 \$130.00 Filing Fee &			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	LION 605,0902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO RETESTER A POI ISMESS INTHE STATE OF FLORIDA:	REIGN LIM	ITED ILABI	I.TY
Presenius Medical Care	North Fort Myers, LLC			
(Name of Fore	ign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LL	.C.")		
(C-ana markit)	A A A A A A A A A A A A A A A A A A A		167 f 24 s . 3	
lability Company," "L.L.C,"	ternate name adopted for the purpose of transacting business in Florida. The alternate name in or "LLC.")	inet moinge	"Limica	
Delaware	3. 81-3988800			
(Jurisdiction under the law company is organized)	of which foreign limited liability (FEI number, if applicable)			
	(Dato first transacted husiness in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		,	
920 Winter Street				
Waltham, MA 02451				
AAA >> 12	(Street Address of Principal Office)			
920 Winter Street				
Waltham, MA 02451	·			
	(Malling Address)			
Name and street addres	s of Florida registered agent: (P.O. Box NOT acceptable)			
Name:	C T Corporation System			
Office Address:	1200 South Pine Island Road			
	Plantation ,Florida 33324			
	(City) (Zip code)			
esignated in this applicate complywith the provision complywith the provision of the obligations of the control	gistered agent and to accept vervice of process for the above stated limited liability tion, I hereby accept the appointment as registered agent and agree to act in this cours of all statutes relative to the proper and complete performance of my duties, an my position as registered agent. C T Corporation System (Registered agent's signature) (Registered agent's signature)	apacity - I	further a	gree
	icity and address of the person(s) who has/have authority to manage is/are:	33.	\equiv	:
ryan Mello, Assistant Tr	easurer of its Sole Member Bio-Medical Applications of Florida, Inc.	=	ري جيد	•
20 Winter Street, Waltha	sm, MA 02451			
risdiction under the law f the translator must be su	Signature of an authorized person Lin accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any fa	e certifica ilse inform	te under ei	e ith
abmitted in a document to	the Department of State constitutes a third degree felony as provided for in s.817.15 Bryan Mello	5, F.S.		
	Bryan Mello Assistant Treasurer Typed oversided remanufations			



Page 1

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

DELAWARE, DO HEREBY CERTIFY "FRESENIUS MEDICAL CARE NORTH FORT

MYERS, 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 TWENTY-NINTH DAY OF

SEPTEMBER, A.D. 2016.

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

6160389 8300 SR# 20165999821

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

Jeffrey W. Bullace, Secretary of State

Authentication: 203081724

Date: 09-29-16