

MI6000008065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

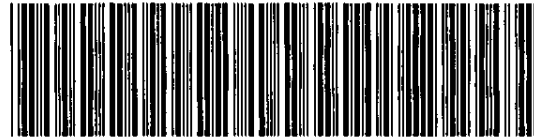
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*[Signature]*

10216-65309

Office Use Only



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09/21/16--01010--025 \*\*160.00

FILED  
16 OCT -6 AM 11:27  
TALLAHASSEE, FLORIDA

T WASHINGTON

OCT 10 2016

2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 22, 2016

MIKE BERISHA  
540 BRICKELL KEY DRIVE, APT 1003  
MIAMI, FL 33131

SUBJECT: US4MED LLC  
Ref. Number: W16000065390

We have received your document for US4MED LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 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.

Tanisha L Washington  
Regulatory Specialist II

Letter Number: 516A00020351

**GLS GLOBAL LLC**  
**PO Box 7243**  
**Wilmington, Delaware 19803**

October 3, 2016

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Attn: Ms. Tanisha L. Washington, Regulatory Specialist

Re: US4MED, LLC – Application for Foreign LLC – Ref Number W16000065390  
Letter Number: 516A00020351 (copy enclosed)

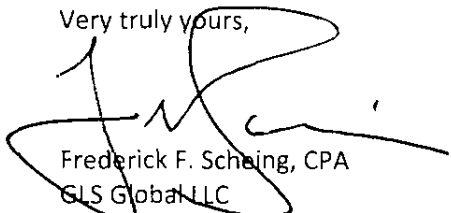
Dear Ms. Washington:

Please find enclosed one original Certificate of Good Standing from the State of Delaware for US4MED, LLC, provided in conjunction with the application for foreign LLC to transact business in Florida submitted by US4MED LLC.

This Certificate may be authenticated online as provided at bottom left corner of the Certificate.

In the event any additional information is required, please contact me directly. Thanks in advance for your assistance in processing this application on behalf of US4MED, LLC.

Very truly yours,



Frederick F. Scheing, CPA  
GLS Global LLC  
For and on behalf of US4MED, LLC

Enclosures: Certificate of Good Standing (Delaware) – US4MED LLC  
Letter # 516A000200351 (Florida Department of State)  
Application for Foreign LLC to Transact Business in Florida – US4MED LLC

Cc: Mike Berisha, US4MED LLC

2016 OCT -6 PM 11:21  
STATE  
SECRET

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: US4MED 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:

**MIKE BERISHA**

\_\_\_\_\_  
Name of Person

**US4MED LLC**

\_\_\_\_\_  
Firm/Company

**540 BRICKELL KEY DRIVE, APT 1003**

\_\_\_\_\_  
Address

**MIAMI, FL 33131**

\_\_\_\_\_  
City/State and Zip Code

**MIKEBERISHA@HOTMAIL.COM**

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

For further information concerning this matter, please call:

**FRED SCHEING, CPA** at ( **610** ) **742-3196**

\_\_\_\_\_  
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. US4MED 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. DELAWARE

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

3. 30-0844545

(FEI number, if applicable)

4. N/A

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

5. C/O THE COMPANY CORPORATION, 2711 CENTERVILLE ROAD, SUITE 400

WILMINGTON, DELAWARE 19808

(Street Address of Principal Office)

6. C/O THE COMPANY CORPORATION, 2711 CENTERVILLE ROAD, SUITE 400

WILMINGTON, DELAWARE 19808

(Mailing Address)

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

Name: MIKE BERISHA

Office Address: 540 BRICKELL KEY DRIVE, APT 1003

MIAMI

(City)

, Florida 33131

(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.



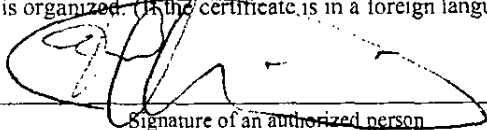
(Registered agent's signature)

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

FILIPPO CASTROGIOVANNI, VIA GENOVA 67, FIANO ROMANA, ROME, ITALY (LLC MEMBER)

MIKE BERISHA, 540 BRICKELL KEY DRIVE, APT 1003, MIAMI, FLORIDA 33131 (LLC MEMBER)

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)



(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.

FILIPPO CASTROGIOVANNI

Typed or printed name of signee

FILED  
16 OCT -6 AM 11:27  
TALLAHASSEE, FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "US4MED, 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 SIXTEENTH DAY OF OCTOBER, A.D. 2014, AT 3:11 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "US4MED, LLC" WAS FORMED ON THE SIXTEENTH DAY OF OCTOBER, A.D. 2014.

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

FILED  
16 OCT -6 AM 11:27  
CLERK OF THE STATE  
DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA



  
Jeffrey W. Bullock, Secretary of State

5622819 8315

SR# 20165639015

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202933566

Date: 09-02-16