

MI600009381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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10/24/16--01032--005 **125.00

11/22/16--01011--003 **777.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 NOV 21 P 4: 00

FILED

D. BRUCE
NOV 22 2016



HUMAN DESIGN MEDICAL LLC

November 18, 2016

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

FILED
2016 NOV 21 P 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Resubmission of Application for Authorization to Transact Business in Florida

To Whom It May Concern:

Enclosed please find the following:

- (1) a copy of your letter dated October 27, 2016 regarding the rejection of Human Design Medical, LLC's application for authorization to transact business in Florida;
- (2) the original copy of Human Design Medical, LLC's application and the Delaware good standing certificate submitted therewith; and
- (3) a check for \$777.50 for the annual report fees and penalties.

If you have any questions or need additional information, please do not hesitate to contact me at mwoodruff@pbmcap.com or (434) 980-8172. My return address is the same as the principal office address indicated on the application: 200 Garrett Street, Suite S, Charlottesville, VA 22902.

RECEIVED
2016 NOV 21 AM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sincerely,

Melissa Woodruff
Associate Corporate Counsel
PBM Capital Group, LLC

Enclosures



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 27, 2016

PBM CAPITAL GROUP, LLC
ATTN: MELISSA WOODRUFF
200 GARRETT ST, STE O
CHARLOTTESVILLE, VA 22902

SUBJECT: HUMAN DESIGN MEDICAL, LLC
Ref. Number: W16000073098

2016 NOV 21 P 4: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

We have received your document for HUMAN DESIGN MEDICAL, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$777.50.

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.

Michelle Milligan
Senior Section Administrator

Letter Number: 616A00023101

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Human Design Medical, 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:

Melissa Woodruff

Name of Person

PBM Capital Group, LLC

Firm/Company

200 Garrett Street, Suite O

Address

Charlottesville, VA 22902

City/State and Zip Code

mwoodruff@pbmcap.com

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

For further information concerning this matter, please call:

Melissa Woodruff

434

980-8172

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

2016 NOV 21 P 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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. Human Design Medical, 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 3. 46-2773465
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. February 1, 2014 (date first employee hired in Florida)
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 200 Garrett Street, Suite S
Charlottesville, VA 22902
(Street Address of Principal Office)

6. 200 Garrett Street, Suite S
Charlottesville, VA 22902
(Mailing Address)

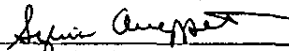
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company
Office Address: 1201 Hays Street
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.

Corporation Service Company


(Registered agent's signature)

Sylvia Queppet, Asst. Vice President

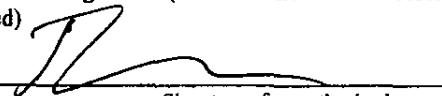
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Damian deGoa, President, 200 Garrett Street, Suite S, Charlottesville, VA 22902

James C. Reebals, Executive Vice President, 200 Garrett Street, Suite S, Charlottesville, VA 22902

Russell T. Schundler, Executive Vice President and Secretary, 200 Garrett Street, Suite S, Charlottesville, VA 22902

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.

Russell T. Schundler, Secretary

Typed or printed name of signer

FILED
2016 NOV 21 P 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HUMAN DESIGN MEDICAL, 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 ELEVENTH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HUMAN DESIGN MEDICAL, LLC" WAS FORMED ON THE SEVENTH DAY OF MAY, A.D. 2013.



5331070 8300

SR# 20166147356

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203139690

Date: 10-11-16