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3458 Lakeshore Drive  
Tallahassee, Florida 32312

(850) 656-4724

SUNSHINECORPORATE2014@GMAIL.COM

Date: 12/7/16

ENTITY NAME:

UMS Lithotripsy Services of Sarasota, LLC

**\*\*PLEASE FILE THE ATTACHED AND RETURN:\*\***

☒

Plain Copy

☐ Certified Copy

~~**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:\*\***~~

~~Document Number: \_\_\_\_\_~~

~~\_\_\_\_\_ Certified Copy of Arts & Amendments~~

~~\_\_\_\_\_ Certificate of Good Standing~~

~~**\*\*APOSTILLE/NOTARIAL CERTIFICATION:\*\***~~

~~COUNTRY OF DESTINATION \_\_\_\_\_~~

~~NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_~~

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PLEASE CONTACT TINA OR ERIC AT 850-656-4724 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

Thank you!

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. UMS Lithotripsy Services of Sarasota, 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.

(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.

1700 West Park Drive, Suite 410, Westborough MA 01581

(Street Address of Principal Office)

6.

1700 West Park Drive, Suite 410, Westborough MA 01581

(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

(City)

Florida 33324

(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:

Patricia A. Boverie

(Registered agent's signature)

Patricia A. Boverie, Asst. Secretary

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

Glenn Hetu, Secretary, 1700 West Park Drive, Suite 410, Westborough MA 01581

Jorgen Madsen, Chief Manager, 1700 West Park Drive, Suite 410, Westborough MA 01581

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.

Glenn Hetu

Typed or printed name of signee

16 DEC -7 AM 8:17  
DIVISION OF REVENUE

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# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UMS LITHOTRIPSY SERVICES OF SARASOTA, 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 SECOND DAY OF DECEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UMS LITHOTRIPSY SERVICES OF SARASOTA, LLC" WAS FORMED ON THE SECOND DAY OF DECEMBER, A.D. 2016.

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



6236469 8300

SR# 20166888386

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203438187

Date: 12-02-16