

1/9/2017

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.

(((H17000007617 3)))



H170000076173ABC5

**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 : (614)280-3338  
Fax Number : (954)208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 JAN -9 AM 10:58Foreign Limited Liability Company  
ENDOSCOPY REPLACEMENT PARTS, LLC

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

RECEIVED  
2017 JAN -9 PM 2:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 10 2017

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Endoscopy Replacement Parts, 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:

SharonMoy

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

PaulHastingsLLP

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

71S.WackerDrive,45thFloor

\_\_\_\_\_  
Address

Chicago,Illinois60606

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

sharonmoy@paulhastings.com

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

For further information concerning this matter, please call:

Sharon Moy

312

499-6086

\_\_\_\_\_  
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

FILED  
17 JAN -9 AM 10:58  
TALLAHASSEE, FL 32301  
SECRETARY OF STATE

**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. Endoscopy Replacement Parts, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Delaware

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

3. \_\_\_\_\_

(FBI number, if applicable)

4. Upon Registration

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

5. 25430 NW 8th LN #100

Newberry, Florida 32669

(Street Address of Principal Office)

6. 25430 NW 8th LN #100

Newberry, Florida 32669

(Mailing Address)

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

Name: The Corporation Trust Company

Office Address: 1200 South Pine Island Road

Plantation

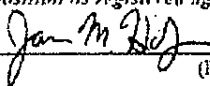
(City)

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.*



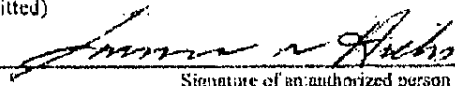
(Registered agent's signature)

**James M. Halpin**  
**Assistant Secretary**

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

AMOS, Inc., manager, 350 Feaster Road, Suite A, Greenville, SC, 29615

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.

Laurence M. Hicks, Chief Executive Officer and President

Typed or printed name of signer

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301  
17 JAN -9 AM 10:58

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ENDOSCOPY REPLACEMENT PARTS, 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 NINTH DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED  
SECRETARY OF STATE  
DELAWARE  
17 JAN -9 AM 10:59



6262325 8300

SR# 20170123651

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.

Jeffrey W. Bullock, Secretary of State

Authentication: 201839985

Date: 01-09-17