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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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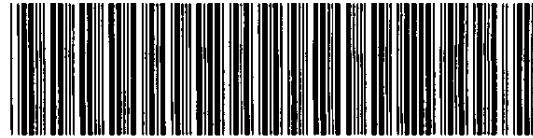
(Business Entity Name)

(Document Number)

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

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FILED

D. BRUCE  
FEB 07 2017



DUGGAN **db** BERTSCH  
ATTORNEYS AND COUNSELORS AT LAW

February 1, 2017

**Privileged & Confidential**  
**Via First Class Mail**

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

**Re: FL Application to Transaction Business for Incompass Medical Solutions, LLC**

To Whom It May Concern,

Enclosed for filing please find the Florida application to transact business for **Incompass Medical Solutions, LLC**, along with check #8663, in the amount of \$125.

If you have any questions regarding this matter, or if we may be of further assistance, feel free to contact me at (312) 263-8600.

Best regards,

**DUGGAN BERTSCH, LLC**



Caitlin Lurigio

CJL/slf  
Encl.

**FILED**  
2017 FEB -6 P 2:55  
TALLAHASSEE, FLORIDA



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: INCOMPASS MEDICAL SOLUTIONS, 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:

DANIELLE LITTWIN

Name of Person

DUGGAN BERTSCH, LLC

Firm/Company

303 W. MADISON ST., STE. 1000

Address

CHICAGO, IL 60606-3321

City/State and Zip Code

DLITTWIN@DUGGANBERTSCH.COM

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

For further information concerning this matter, please call:

DANIELLE LITTWIN

Name of Contact Person

at ( 312 )

Area Code

263-8600

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

2017 FEB -8 P 2:55  
TALLAHASSEE, FLORIDA

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**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. INCOMPASS MEDICAL SOLUTIONS, 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. 46-3408359

(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. 1344 W. MADISON ST., #402

CHICAGO, IL 60607

(Street Address of Principal Office)

6. 1344 W. MADISON ST., #402

CHICAGO, IL 60607

(Mailing Address)

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

Name: NATIONAL CORPORATE RESEARCH, LTD., INC.

Office Address: 115 N. CALHOUN ST., STE. 4

TALLAHASSEE

(City)

, Florida 32301

(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.*

Anthony E. Hruby, VP of NCR  
(Registered agent's signature)

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

MATTHEW BRANDT, MANAGER

1344 W. MADISON ST., #402

CHICAGO, IL 60607

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)

M. Brandt  
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.

MATTHEW BRANDT

Typed or printed name of signer

FILED  
2017 FEB - 6 P 2:55  
TALLAHASSEE, FLORIDA



# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INCOMPASS MEDICAL SOLUTIONS, 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 THIRTIETH DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INCOMPASS MEDICAL SOLUTIONS, LLC" WAS FORMED ON THE NINTH DAY OF AUGUST, A.D. 2013.

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

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

Jeffrey W. Bullock, Secretary of State

5381357 8300

SR# 20170527013

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

Authentication: 201953613

Date: 01-30-17