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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

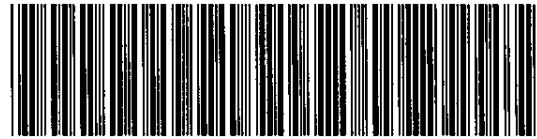
(Document Number)

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W17-31208

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17 MAY -3 PM 1:07

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MAY 04 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 20, 2017

KAREN WHITE
4280 LAKEVIEW DR
SEBRING, FL 33870

SUBJECT: WHITE MEDICAL TRANSPORT LLC
Ref. Number: W17000031208

We have received your document for WHITE MEDICAL TRANSPORT LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 417A00007747

2017 MAY -3 PM 12:57
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 11, 2017

KAREN WHITE
4280 LAKEVIEW DR
SEBRING, FL 33870

SUBJECT: WHITE MEDICAL TRANSPORT LLC
Ref. Number: W17000031208

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If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 217A00006916

2017 APR 20 PM 12:54

TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: White Medical Transport 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:

Karen White

Name of Person

White Medical Transport LLC

Firm/Company

4280 Lakeview Dr

Address

Sebring, Fl. 33870

City/State and Zip Code

dwrkwkwlw@gmail.com

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

For further information concerning this matter, please call:

Karen White

863

381-4367

at ()

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. White Medical Transport 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. State of Montana

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

3. 81-5010400

(FEI number, if applicable)

4. 06-01-2017

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

5. _____

4280 Lakeview Dr Sebring, Fl 33870

(Street Address of Principal Office)

6. _____

same as above

(Mailing Address)

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

Name: Mark White

Office Address: 4280 Lakeview Dr

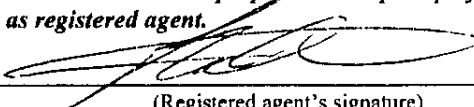
Sebring, Florida Fl 33870

(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.

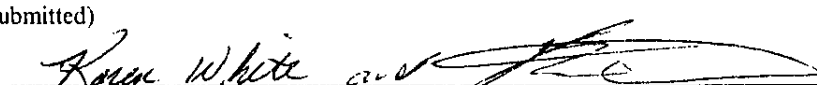

(Registered agent's signature)

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

Karen White Pres.

Mark White Mgr

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.

Karen White and Mark White

Typed or printed name of signee



CERTIFICATE OF EXISTENCE

I, **COREY STAPLETON**, Secretary of State for the State of Montana, do hereby certify that:

WHITE MEDICAL TRANSPORT LLC

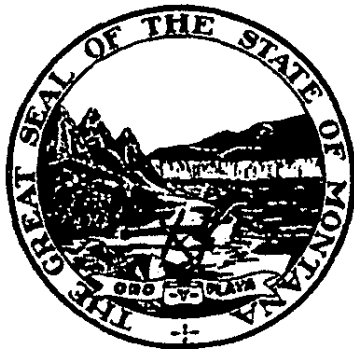
duly filed its Articles of Organization in this office on **February 02, 2016**, and on that date was authorized to transact business in this state for a term of Perpetual duration.

Payment is reflected in the records of the Secretary of State for all fees owed to the Secretary of State.

The most recent annual report has been filed with this office.

No articles of dissolution have been placed on record in this office by said limited liability company and the records indicate the limited liability company is in good standing under the laws of the State of Montana.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 27th day of April, 2017.

A handwritten signature in cursive script, appearing to read "Corey Stapleton".

COREY STAPLETON

Montana Secretary of State

Certificate Number: 042720170883