

Division of Corporations

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(((H17000146468 3)))



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TALLAHASSEE, FLORIDA

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****
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**Foreign Limited Liability Company
USA MEDICAL, LLC**

Certificate of Status	1
Certified Copy	0
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ResubMIT - Attention Deborah
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June 1, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HUBCO

SUBJECT: USA MEDICAL LLC 2017
REF: W17000046147

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 MAY 31 P 3:15

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

✓ Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Deborah Bruce
Regulatory Specialist II

FAX Aud. #: H17000146468
Letter Number: 117A00010949

✱ Resubmit ✱
Please see Revised document

P.O BOX 6327 - Tallahassee, Florida 32314

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN 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. USA MEDICAL, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")
USA MEDICAL LLC 2017
(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. OKLAHOMA
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 81-1465831
(FEI number, if applicable)
4. 2/1/17
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 7712 S YALE AVE STE 200
TULSA, OKLAHOMA 74136
(Street Address of Principal Office)
6. 7712 S YALE AVE STE 200
TULSA, OKLAHOMA 74136
(Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Huben Registered Agent Services, Inc.
Office Address: 155 Office Plaza Drive, 1st Floor
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.

[Signature]
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
CHRISTOPHER PARKS-7712 S YALE AVE STE 200, TULSA, OKLAHOMA 74136 (MANAGING MEMBER)
ISAIAH PARKS-7712 S YALE AVE STE 200, TULSA, OKLAHOMA 74136 (MANAGING MEMBER)
ASPEN PARKS-7712 S YALE AVE STE 200, TULSA, OKLAHOMA 74136 (MANAGING MEMBER)

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]
(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.

CHRISTOPHER PARKS

(Typed or printed name of signer)

2017 MAY 31 P 3
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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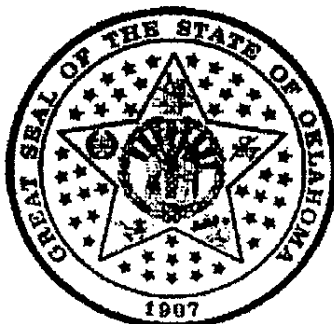
OFFICE OF THE SECRETARY OF STATE



**CERTIFICATE OF GOOD STANDING
DOMESTIC LIMITED LIABILITY COMPANY**

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that USA MEDICAL, LLC whose registered agent is NATIONAL HEALTHCARE PARTNERS, with its registered office at 7712 S. YALE SUITE 200 TULSA 74136 USA Oklahoma is a Domestic Limited Liability Company duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 30th, day of May, 2017.

A handwritten signature in cursive script, appearing to read "David Joyner", is written over a horizontal line.

Secretary Of State

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