

17170000004807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W17-43455

Office Use Only



300299351593

05/19/17--01003--017 **70.00

06/06/17--01002--002 **55.00

17 JUN -5 PM 10:21

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JUN 06 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 30, 2017

ELIZABETH VASSER, MD
4405 CROOKED MILE RD
MERRITT ISLAND, FL 32952

SUBJECT: SPORTS MEDICINE AND REHAB FITNESS, L.L.C.
Ref. Number: W17000043455

We have received your document for SPORTS MEDICINE AND REHAB FITNESS, L.L.C. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

There is a balance due of \$55.00.

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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

Octavia I Simmons
Regulatory Specialist II

Letter Number: 917A00010797

May 22, 2017

To Whom It May Concern,

Good day. I recently submitted a paper application for Authorization of a Foreign Corporation to Transact Business in Florida. I mailed this in May 15th. The corresponding check of \$70.00 cleared my bank account Tuesday morning, May 22nd. I received a record # of W17000043455 on this day. However, when I later called to discuss my Fictitious Name, I was advised this W-number is considered a reject number. In further discussions with staff, they advised me my initial application lacked some documentation. As this letter was mailed back to me, I have not yet received it. The employee was able to read off the discrepancies, which have been added/ corrected here and are now attached. I have also re-filled out the application so a new original is enclosed.

Please note, I have already paid the \$70.00 application fee, and a copy of this check is enclosed.

A copy of the good standing letter from Wyoming is included.

Again record # of rejection associated with this application is W17000043455. Hopefully this information will help expedite this application going forward.

Thank you for your time and attention to this important matter.

Sincerely,



Elizabeth Vasser, MD

2017 MAY 26 PM 4:54
TALLAHASSEE, FLORIDA

AS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sports Medicine and Rehab Fitness, L.L.C.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Elizabeth Vasser, MD
Name of Person

Sports Medicine and Rehab Fitness, L.L.C.
Firm/Company

4405 Crooked mile Rd
Address

Merritt Island, FL 32952
City/State and Zip code

ecvasser@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Vasser, MD at (956) 343-9244
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

already Pd 5/22/17

Record #
117 000043455

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sports Medicine and Rehab Fitness, L.L.C.
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:

Elizabeth Vasser, MD

Name of Person

Sports Medicine and Rehab Fitness, L.L.C.

Firm/Company

4405 Crooked Mile Rd

Address

Merritt Island, FL 32952

City/State and Zip Code

ecvasser@hotmail.com

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

For further information concerning this matter, please call:

Elizabeth Vasser, MD 956 343-9244

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

#70 Pd

\$55.00 enclosed

Ref # W117000043455

**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. Sports Medicine and Rehab Fitness, L.L.C.
(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. Wyoming
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-0972167
(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. 727 North Drive
(Street Address of Principal Office)

6. 4405 Crooked Mile Rd.
(Mailing Address)

STE L
Melbourne, FL 32934

Merritt Island, FL 32952

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

Name: Elizabeth Vasser, MD

Office Address: 4405 Crooked Mile Rd.
Merritt Island, Florida 32952
(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.

ELVasser, MD
(Registered agent's signature)

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Owner/</u>	<u>Elizabeth Vasser, MD</u>		
<u>President</u>	<u>4405 Crooked Mile Rd</u>		
	<u>Merritt Island, FL 32952</u>		

(Use attachments if necessary)

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)

ELVasser, MD
Signature of an authorized person

- already mailed in.

10. 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.

Elizabeth Vasser, MD
Typed or printed name of signee

STATE OF WYOMING
Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

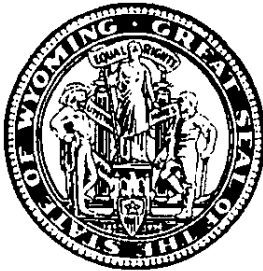
SPORTS MEDICINE AND REHAB FITNESS L.L.C.

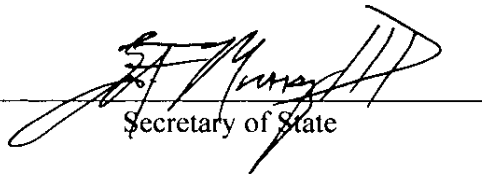
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **March 28, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000747733**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 5th day of May, 2017 at 5:21 PM. This certificate is assigned 023013216.




Secretary of State