

**M17000005596**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (800) 345-4647  
Fax Number : (800) 432-3622

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For 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  
**RESPIRATORY SLEEP SOLUTIONS, LLC**

\*\*\*FILE SECOND\*\*\*

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

\*\*\*FILE SECOND\*\*\*

\*\*\*FILE AFTER THE WITHDRAWAL FILING FOR RESPIRATORY SLEEP SOLUTIONS, INC.\*\*\*\*\*

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Respiratory Sleep 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:

Name of Person

Capitol Services - Corporate Filings Team

Firm/Company

206 E. 9th St., Ste. 1300

Address

Austin TX 78701

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Contact Person

at ( 800 ) 345-4647

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. Respiratory Sleep Solutions, 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. Texas**

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

**3. F45000005472**

(FEI number, if applicable)

**4. December 11, 2015**

(F15000005472)

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

**5. 4545 Fuller Drive Suite 100**

(Street Address of Principal Office)

Irving, TX 75038

**6. 4545 Fuller Drive Suite 100**

(Mailing Address)

Irving, TX 75038

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

Name: Capitol Corporate Services, Inc.

Office Address: 155 Office Plaza Dr Ste A

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.*

Shawna L. Smith, Asst. Secretary on behalf of  
Capitol Corporate Services, Inc.

*Shawna L. Smith*

(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>
President	Justin Magnuson 4545 Fuller Drive Suite 100 Irving, TX 75038	General Counsel	Pamela Wagner 4545 Fuller Drive Suite 100 Irving, TX 75038
Chief Development Officer	Mitchell Don Jacobs 4545 Fuller Drive Suite 100 Irving, TX 75038		

(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)

*Justin Magnuson*

Signature of an authorized person

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.

Justin Magnuson

Typed or printed name of signer

FILED  
2017 JUN 30 AM 10:25  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

Corporations Section  
P.O. Box 13697  
Austin, Texas 78711-3697



Rolando B. Pablos  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Conversion for Respiratory Sleep Solutions, LLC (file number 802748568), a Domestic Limited Liability Company (LLC), was filed in this office on June 16, 2017.

It is further certified that the entity status in Texas is in existence.

FILED  
2017 JUN 30 AM 10:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 29, 2017.



A handwritten signature in black ink, appearing to read "R. Pablos".

Rolando B. Pablos  
Secretary of State