

MI7000005958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

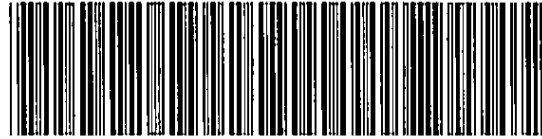
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF COURT
TALLAHASSEE, FLORIDA

JUL 14 2017

Y SULKER

Oshkosh Medical Transportation, LLC
325A W. 16th Ave.
Oshkosh, WI 54902

July 11, 2017

VIA PRIORITY EXPRESS 1-DAY MAIL

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

RE: Application for Foreign Limited Liability Company – Oshkosh Medical Transportation,
LLC

Dear Sir or Madam:

Enclosed for filing please find an Application for Foreign Limited Liability Company for Authorization to Transact Business in Florida, along with a check in the amount of \$130.00 payable to the Division of Corporations for the required filing fee and a Wisconsin Certificate of Existence.

Please file the Application and return a file-stamped copy to our office. If you have any questions, please do not hesitate to contact us. Thank you.

Very truly yours,

Shelley Sedo
Enclosure

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Oshkosh Medical Transportation, 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:

Shelley Sedo

Name of Person

Oshkosh Medical Transportation, LLC

Firm/Company

352A W. 16th Ave.

Address

Oshkosh, WI 54902

City/State and Zip Code

oshkoshdelivery@yahoo.com

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

For further information concerning this matter, please call:

Shelley Sedo

920

573-7383

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. Oshkosh Medical Transportation, 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. Wisconsin 3. 81-2423407
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 352A W. 16th Ave. 6. 352A W. 16th Ave.
(Street Address of Principal Office) (Mailing Address)
Oshkosh, WI 54902 Oshkosh, WI 54902

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

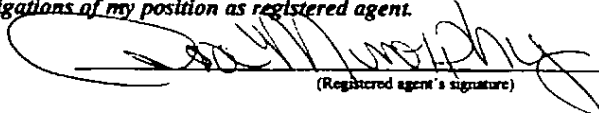
Name: Dora Murphy

Office Address: 510 E. Maple St.

Avon Park, Florida 33825
(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 of 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)

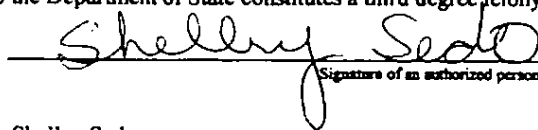
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Self Member</u>	<u>Shelley Sedo</u> <u>352A W. 16th Ave.</u> <u>Oshkosh, WI 54902</u>		
<u>56 MBR</u>	<u>Dora Murphy</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)

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.


(Signature of an authorized person)
Shelley Sedo
Typed or printed name of signer

DOM NEW
180 181 183

United States of America
State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen, Administrator, Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

OSHKOSH MEDICAL TRANSPORTATION, LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is April 27, 2016.

I further certify that said Domestic Corporation or Limited Liability Company has not yet completed its initial report year and, accordingly, has not yet filed an annual report under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats.; and that said corporation or Limited Liability Company has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on June 23, 2017.

A handwritten signature in black ink that reads "Mary Ann McCoshen".

MARY ANN McCOSHEN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

BY: A handwritten signature in black ink that reads "Joseph E. King".
