

MI7000006421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

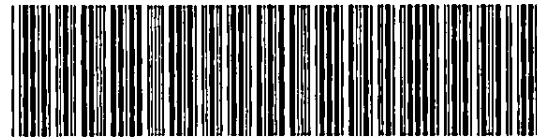
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100301746751

07/25/17--01025--008 ++130.00

FILED
2017 JUL 26 P 5:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D BRUCE
JUL 31 2017

SHULMAN
ROGERS

GANDAL
PORDY
ECKER

NORA A. WHITESCARVER LEGAL ASSISTANT

July 25, 2017

VIA FEDERAL EXPRESS

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

RE: Apollo MedTech, LLC

Ladies and Gentlemen:

Enclosed for filing are the following documents for Apollo MedTech, LLC:

Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida; and

A Certificate of Good Standing issued by the Delaware Secretary of State.

Once filed, please provide a Certificate of Status.

Also enclosed is a check, payable to the Florida Department of State, in the amount of \$130.00 to cover the Filing Fee and the Certificate of Status.

Please return the evidence of filing to me. I've enclosed a self-addressed envelope with a pre-paid Federal Express Airbill.

Please contact me if additional information is needed to process this request. Thank you for your assistance.

Sincerely,

SHULMAN, ROGERS, GANDAL,
PORDY & ECKER, P.A.

By:



Nora Whitescarver
Legal Assistant

Enclosures as noted

FILED
2017 JUL 26 P 5:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Apollo MedTech, 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:

Nora Whitescarver

Name of Person

Shulman, Rogers, Gandal, Pordy & Ecker, P.A.

Firm/Company

12505 Park Potomac Avenue, Sixth Floor

Address

Potomac, Maryland 20854

City/State and Zip Code

gmishkin@apolloreneal.com

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

For further information concerning this matter, please call:

Nora Whitescarver

301

255-0545

Name of Contact Person

at ()

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

2017 JUL 26 P 5:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**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. Apollo MedTech, 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. Delaware 3. 82-1738433
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

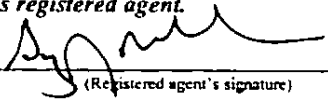
5. 2811 NE 14th Street 6. 2811 NE 14th Street
(Street Address of Principal Office) (Mailing Address)
Ocala, FL 34470 Ocala, FL 34470

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

Name: Gary Mishkin
Office Address: 2811 NE 14th Street
Ocala, Florida 34470
(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)

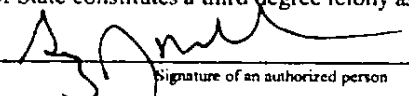
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>CEO</u>	<u>Gary Mishkin</u> <u>2811 NE 14th Street</u> <u>Ocala, FL 34470</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

Gary Mishkin

Typed or printed name of signer

FILED
2017 JUL 26 4 5
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "APOLLO MEDTECH, LLC" IS DULY FORMED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND
HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS
OF THE TWENTY-FIFTH DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN
ASSESSED TO DATE.



6406077 8300

SR# 20175400011

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202944118

Date: 07-25-17