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TALLAHASSEE, FLORIDA

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ECKER

JENNY E. MALONEY - PARALEGAL
301.255.0539 jmaloneyh@shulmanrogers.com

September 12, 2017

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations
Registration Section - Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Agrimed Industries of FL, LLC
Application by Foreign LLC for Authorization to Transact Business ("Application")
Our File 126516.00004

Dear Sir/Madam:

Please accept for filing the enclosed completed Application of Agrimed Industries of FL, LLC. One check is enclosed for the requisite filing and certified fee in this matter payable to the Florida Department of State in the amount of \$155.00.

Once filing has been effected, please send the filing confirmation to my attention. Please contact me if additional information is necessary. Thank you.

Very truly yours,


Jenny E. Maloney

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AGRIMED INDUSTRIES OF FL, 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:

Jenny E. Maloney

Name of Person

Shulman Rogers Gandal Pordy & Ecker, PA

Firm/Company

12505 Park Potomac Avenue, Sixth Floor

Address

Potomac, Maryland 20854

City/State and Zip Code

jmaloney@shulmanrogers.com

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

For further information concerning this matter, please call:

Jenny E. Maloney

301

255-0539

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. AGRIMED INDUSTRIES OF FL, 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

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

3. N/A

(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. 900 Per Sei Place

(Street Address of Principal Office)

Suite 435

Rockville, Maryland 20852

6. 900 Per Sei Place

(Mailing Address)

Suite 435

Rockville, Maryland 20852

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

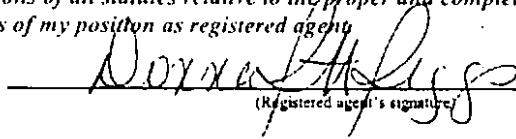
(City)

Florida 33324

(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:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Member

Sterling Crockett

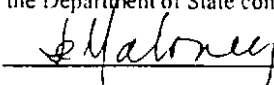
900 Per Sei Place, Suite 435

Rockville, MD 20852

(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

Authorized Legal Representative

Typed or printed name of signer

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2011 SEP 13 PM 2:11
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

Delaware

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "AGRIMED INDUSTRIES OF FL, 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 ELEVENTH DAY OF SEPTEMBER, A.D. 2017.

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

FILED
2017 SEP 13 PM 2:11
SECRETARY OF STATE
JILL A. HASSITT, PH.D.




Jeffrey W. Bullock, Secretary of State

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SR# 20176100583

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

Authentication: 203199616

Date: 09-11-17