

M17000008501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

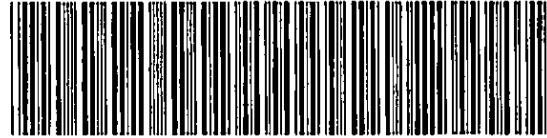
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500304129805

10/04/17--01015--015 \$4160.00

FILED  
17 OCT -4 PM 4:29  
DIVISION OF REVENUE

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Hyper Healing, 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:

Joseph E. Nolan

Name of Person

Hyper Healing, LLC

Firm/Company

9275-F Medical Plaza Drive

Address

N. Charleston, SC 29406

City/State and Zip Code

Michelle @ Trident pain center .com

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

For further information concerning this matter, please call:

Michelle Hrison

Name of Contact Person

at

843

Area Code

797-3636 ext 221

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. Hyper Healing, 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. South Carolina  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-2189727  
(FEI number, if applicable)

4. September 18, 2017  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 2809 W. Waters Ave.  
(Street Address of Principal Office)  
Tampa, FL 33614

6. 9275-F Medical Plaza Dr.  
(Mailing Address)  
N. Charleston, SC 29406

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

Name: Loan Lam

Office Address: 2809 W. Waters Ave.  
Tampa, Florida 33614  
(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:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Owner

Joseph E. Nolan  
9275 F Medical Plaza Dr  
N. Charleston, SC 29406

Financial Op. Mgr

Rienzi Simonetti  
9275 F Medical Plaza Dr  
N. Charleston, SC 29406

Bookkeeper

Jesse Frail  
9275 F Medical Plaza Dr  
N. Charleston, SC 29406

HR Manager

Michelle Hinson  
9275 F Medical Plaza Dr  
N. Charleston, SC  
29406

(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.

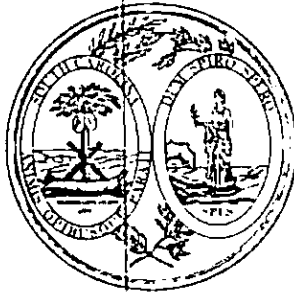
(Signature of an authorized person)

Joseph E. Nolan

Typed or printed name of signer

FILED  
17 OCT -14 PM 4:14  
DIVISION OF

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

**HYPER HEALING, LLC,**

a limited liability company duly organized under the laws of the State of South Carolina on July 11th, 2017, with a duration that is until 12/31/2115, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. 33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal  
of the State of South Carolina this 15th day  
of September, 2017.

A handwritten signature in cursive script that reads "Mark Hammond".  
Mark Hammond, Secretary of State