19000010160

(F	Requestor's Name)				
(A	ddress)	_			
A)	ddress)	····			
(C	ity/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL			
(E	Business Entity Name)	<u> </u>			
(0	ocument Number)				
Certified Copies	Certificates of	Status			
Special Instructions to Filing Officer:					
<u> </u>					

Office Use Only



000306019910

12/01/17--01011--016 **160.00

17 650-1 船 8:49

DEC 0 4 2017
Y SULKER

From:
Brandon Wyatt
Rocksteady Medical Solutions LLC
80 Vanderbilt Ave
Saratoga Springs, New York 12866

518-526-5727

rocksteadymed@gmail.com

To:

Florida Division of Corporations

Registration Section

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

To Whom It May Concern:

Attached with this letter is an executed application for registering a foreign limited liability company in the state of Florida.

You will also find a check for the amount of \$160 enclosed.

Enclosed is also "A CERTIFICATE OF GOOD STANDING" from the department of state of New York.

Please do not hesitate to contact me with any questions or concerns.

Thank you kindly,

Brandon Wyatt

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	Rocksteady Medical Solutions LLC					
SOBA	Name of Limited Liability Company					
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ice, 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:					
	Brandon Wyatt					
	Name of Person					
	Rocksteady Medical Solutions LLC					
Firm/Company						
	80 Vanderbilt Ave					
Address						
	Saratoga Springs/New York/12866					
City/State and Zip Code						
	rocksteadymed@gmail.com					
	E-mail address: (to be used for future annual report notification)					
For fur	ther information concerning this matter, please call:					
	Brandon Wyatt 518 526-5727					
	Name of Contact Person Area Code Daytime Telephone Number					
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					
Enclose	ed is a check for the following amount: □ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Of Status & Certified Copy □ \$125.00 Filing Fee & □ \$160.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Of Status & Certified Copy					

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

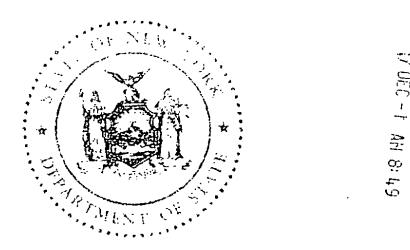
IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L. Rocksteady Medical S	olution LLC Limited Liability Company; must include "Limited			
(Name of Foreign	: Limited Linbility Company; must include "Limited	d Liability	Company," "L.L C.," or "ELC.")	
(It name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flor	nda The al	ernate name must include "Limited Linb	odity Company," "L L.C." or "LLC.")
2 New York Department	of State	3.		
(furisdiction under the law of w	of State high foreign limited liability company is organized)	٦.	(FEI numb	per, if applicable)
4. Upon approval				
	(Date first transacted business in Florida, if prior to n (See sections 605,0904 & 605,0905, F.S. to determin			<u></u>
5. 80 Vanderbilt Ave		6	80 Vanderbilt Ave	
(Street Address of Principal Office)		(Mailing Address)		
Saratoga Springs, New York			Saratoga Springs, New Yor	<u>k</u>
12866			12866	
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT a	cceptable)	
Name:	Registered Agents Inc			
Office Address:	3030 N. Rocky Point Dr. STE 150A			
	Tampa		, Florida <u>3360</u> 7	
	(City)		(Zip code	
	ions of all statutes relative to the proper of s of my position as registered agent.	and cor	nplete performance of my a	luties, and I am familiar with
	(Registered agent's si	ignature)		— Co
8. The name title or can:	acity and address of the person(s) who has	s/have a	uthority to manage is/are:	-
Title or Capacity:	Name and Address:		le or Capacity:	Name and Address:
Owner	Brandon Wyatt			
	80 Vandrebilt Ave Saratoga Springs NY 12866	- -		
		· —		
		•		
(Use attachments if neces	sary)			
9. Attached is a certificate jurisdiction under the law of the translator must be st	of existence, no more than 90 days old, d of which it is organized. (If the certificate abmitted)	luly autl is in a	nenticated by the official hav foreign language, a translation	ving custody of records in the on of the certificate under oath
10. This document is exec	uted in accordance with section 605.0203	(1) (b).	Florida Statutes. I am aware	e that any false information
submitted in a document to	the Department of State constitutes a thir	rd degre	e felony as provided for in s	<u>.817</u> .155, F.S.
	- But	(1)	y att	
	Signature o	of an author	izyu person	

BRANDON WYATT
Typed or printed name of signee

State of New York Department of State } ss:

I hereby certify, that ROCKSTEADY MEDICAL SOLUTIONS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/27/2014, and that the Limited Liability Company is existing so far as shown by the records of the Department.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 04th day of October two thousand and seventeen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State