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(Business Entity Name)

(Document Number)

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Y SULKER

From:

Brandon Wyatt

Rocksteady Medical Solutions LLC

80 Vanderbilt Ave

Saratoga Springs, New York 12866

518-526-5727

[rocksteadymed@gmail.com](mailto: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,

A handwritten signature in black ink, appearing to read 'Brandon Wyatt', with a long horizontal flourish extending to the right.

Brandon Wyatt

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Rocksteady Medical Solutions 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:

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 further information concerning this matter, please call:

Brandon Wyatt

518

526-5727

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. Rocksteady Medical Solution 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. New York Department of State 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. Upon approval  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 80 Vanderbilt Ave 6. 80 Vanderbilt Ave  
(Street Address of Principal Office) (Mailing Address)  
Saratoga Springs, New York  
12866

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

Name: Registered Agents Inc

Office Address: 3030 N. Rocky Point Dr. STE 150A

Tampa, Florida 33607  
(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.

Bill Hume

(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>Owner</u>	<u>Brandon Wyatt</u> <u>80 Vandrebilt Ave</u> <u>Saratoga Springs NY 12866</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.

Brandon Wyatt  
Signature of an authorized person

BRANDON WYATT  
Typed or printed name of signer

**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.



17 DEC -1 AM 8:49

\*\*\*

*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.*

A handwritten signature in black ink, appearing to read "B. Fitzgerald", with a long horizontal flourish extending to the right.

Brendan W. Fitzgerald  
Executive Deputy Secretary of State