

MI7000010720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

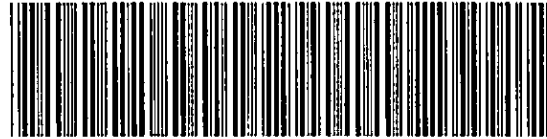
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Cert

W17-78446

Office Use Only



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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

S. WARREN

DEC 19 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 16, 2017

DENIS MIKHLIN
1856 CRAIG PARK CT
ST LOUIS, MO 63146

SUBJECT: DOCTORS ON THE GO 1 LC
Ref. Number: W17000078446

We have received your document for DOCTORS ON THE GO 1 LC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

NEED CERTIFICATE OF GOOD STANDING/EXISTENCE FROM MISSOURI
SECRETARY OF STATE, THE CITY CERTIFICATE YOU SENT DOES NOT
MEET STATUTORY REQUIREMENTS

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 917A00020862



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 3, 2017

DENIS MIKHLIN
1856 CRAIG PARK CT
ST LOUIS, MO 63146

SUBJECT: DOCTORS ON THE GO 1 LC
Ref. Number: W17000078446

We have received your document for DOCTORS ON THE GO 1 LC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 217A00020016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DOCTORS On The Go 1 LC.
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:

Denis Mikhlin
Name of Person

DOCTORS On The Go 1 LC.
Firm/Company

1856 Craig Park Ct.
Address

St. Louis, MO 63146
City/State and Zip Code

denismikhlin@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denis Mikhlin at (314) 885-1294
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. DOCTORS On The Go 1 LC 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. Missouri 3. 812992193
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 1101 Brickell Ave 6. 1101 Brickell Ave
(Street Address of Principal Office) (Mailing Address)
South Tower, 8th Floor.
Miami, FL 33131 South Tower, 8th Floor
Miami, FL 33131

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

Name: Denis Mikhlin

Office Address: 1101 Brickell Ave
Miami, FL 33131, Florida _____
(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>CFO</u>	<u>Denis Mikhlin</u> <u>1856 Craig Park Ct.</u> <u>St. Louis, MO 63146</u>	<u>CFO</u>	_____ _____ _____
<u>Office Manager</u>	<u>Arbuka Siddiqui</u> <u>1856 Craig Park Ct.</u> <u>St. Louis, MO 63146</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

Denis Mikhlin
Typed or printed name of signer

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

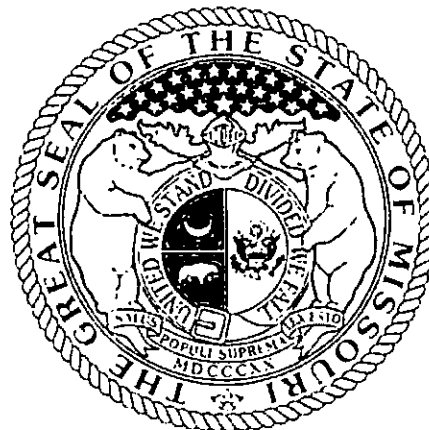
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Doctors on the go! L.C
LC001496337

was created under the laws of this State on the 21st day of June, 2016, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 23rd day of October, 2017.


Secretary of State



Certification Number CERT-10232017-0091