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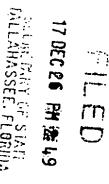
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

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Y SULKER

COVER LETTER

TO:

	Registration Section Division of Corporations
ВЈЕС	Tallahassee Canterfield Management, LLC T:
DJEC	Name of Limited Liability Company
e enclo istence	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Cert , and check are submitted to register the above referenced foreign limited liability company to transact business in
ase ret	turn all correspondence concerning this matter to the following:
	Winston Porter
	Name of Person
	Medical Development Corp
	Firm/Company
	4488 North Shallowford Road, Suite 103
	Address
	Dunwoody, GA 30338
	City/State and Zip Code
	wnporter@bellsouth.net
	E-mail address: (to be used for future annual report notification)
r furth	er information concerning this matter, please call:
	Ellin McCabe 770 399-9988
	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
	is a check for the following amount: S125.00 Filing Fee

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

IN COMPLIANCE WITH SECTION (05.00)2, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

une unavailable, enter alternate nar	ne adopted	for the purpose of transacting business in Florid	da. The alternate name must include "Limited Lia	ability Company," "L. L. C." or "LLC")	
Georgia			3.	ber, if applicable)	
(Juriscliction under the law of whi	ch foreign h	muted liability company is organized)	(FE) man	oct, it apprecions	
	(1) stm (arst transacted business in Florida, if prior to re	enetration)		
	(See se	ections 605 0904 & 605 0905, F.S. to determine	e penalty hability)	1 0 102	
4488 North Shallowford Road, Suite 103 (Street Address of Principal Office)		Suite 103	6. 4488 North Shallowlord R	3. 4488 North Shallowford Road, Suite 103 (Mailing Address)	
Dunwoody, GA 30338		Dunwoody, GA 30338	Dunwoody, GA 30338		
		. 			
Name and <u>street address</u>	of Flori	ida registered agent: (P.O. Box	NOT acceptable)		
Name:	Donna	Marko			
Office Address:	9848 S	W 110th St			
	Ocala		. Florida 34481	: •	
iving been named as reg signated in this applicati comply with the provision	ance: distered of ion, I he ons of al	ereby accept the appointment as	Florida 34481 (Zip corrocess for the above stated limited registered agent and agree to act and complete performance of my	d liability compails at the t in this capacits of furtage	
signated in this applicati comply with the provision	ance: distered of ion, I he ons of al	agent and to accept service of pi treby accept the appointment as I statutes relative to the proper of	rocess for the above stated limited registered agent and agree to act and complete performance of my	d liability compails at the t in this capacits of furtage	
rying been named as reg signated in this applicati comply with the provision d accept the obligations	ance: istered of ion, I he ons of al of my p	agent and to accept service of poreby accept the appointment as It statutes relative to the proper of assistion as registered agent. (Registered agent's st	rocess for the above stated limited registered agent and agree to act and complete performance of my	d liability compails at the t in this capacits of furtage	
iving been named as reg signated in this applicati comply with the provision d accept the obligation. The name, title or capac	ance: istered of ion, I he ons of al of my p	agent and to accept service of proceeds accept the appointment as it statutes relative to the proper of osition as registered agent. (Registered agent's standardess of the person(s) who has Name and Address: Winston Porter, Manager	rocess for the above stated limited registered agent and agree to act and complete performance of my agrature)	d liability company but the in this capacity of further duties, and I and familing \$\frac{\partial}{SIA}\$	
rying been named as reg signated in this application of the provision of accept the obligation. The name, title or capacity: Manager of Dusty D.	ance: istered of interest of al of my p	agent and to accept service of property accept the appointment as a statutes relative to the proper of assistion as registered agent. (Registered agent's standardess of the person(s) who has Name and Address: Winston Porter, Manager 4488 N Shallowford Rd,	rocess for the above stated limited registered agent and agree to act and complete performance of my agrature) s/have authority to manage is/are: Title or Capacity:	d liability company but the in this capacity of further duties, and I and familing \$\frac{\partial}{SIA}\$	
rying been named as reg signated in this application comply with the provision d accept the obligation. The name, title or capacity:	ance: istered of interest of al of my p	agent and to accept service of proceeds accept the appointment as it statutes relative to the proper of osition as registered agent. (Registered agent's standardess of the person(s) who has Name and Address: Winston Porter, Manager	rocess for the above stated limited registered agent and agree to act and complete performance of my agrature) s/have authority to manage is/are: Title or Capacity:	d liability company but the in this capacity of further duties, and I and familing \$\frac{\partial}{SIA}\$	
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rying been named as reg signated in this application of the provision of accept the obligation. The name, title or capacity: Manager of Dusty D.	ance: istered of interest of al of my p	agent and to accept service of property accept the appointment as a statutes relative to the proper of assistion as registered agent. (Registered agent's standardess of the person(s) who has Name and Address: Winston Porter, Manager 4488 N Shallowford Rd,	rocess for the above stated limited registered agent and agree to act and complete performance of my agrature) s/have authority to manage is/are: Title or Capacity:	d liability company but the in this capacity of further duties, and I and familing \$\frac{\partial}{SIA}\$	
rying been named as reg signated in this application comply with the provision d accept the obligation. The name, title or capaca <u>Title or Capacity:</u> Manager of Dusty D. Dog Holdings, LLC, its M	ance: istered of ion, I he ions of al of my p k 3	agent and to accept service of property accept the appointment as a statutes relative to the proper of assistion as registered agent. (Registered agent's standardess of the person(s) who has Name and Address: Winston Porter, Manager 4488 N Shallowford Rd,	rocess for the above stated limited registered agent and agree to act and complete performance of my agrature) s/have authority to manage is/are: Title or Capacity:	d liability company but the in this capacity of further duties, and I and familing \$\frac{\partial}{SIA}\$	
rying been named as reg signated in this applicati comply with the provisio d accept the obligations. The name, title or capac Title or Capacity: Manager of Dusty D. Dog Holdings, LLC, its M	ance: istered of on, I he ons of al of my p city and anager	agent and to accept service of property accept the appointment as a statutes relative to the proper a sition as registered agent. (Registered agent's standardess of the person(s) who has Name and Address: Winston Porter, Manager 4488 N Shallowford Rd, Ste 103, Dunwoody GA 30338	rocess for the above stated limited registered agent and agree to act and complete performance of my agrature) s/have authority to manage is/are: Title or Capacity:	Name and Address:	
rying been named as reg signated in this applicati comply with the provisio d accept the obligations. The name, title or capac Title or Capacity: Manager of Dusty D. Dog Holdings, LLC, its M	ance: istered of ion, I he ions of al of my p k 3 city and anager ary)	agent and to accept service of property accept the appointment as it statutes relative to the proper dosition as registered agent. (Registered agent's standardess of the person(s) who has Name and Address: Winston Porter, Manager 4488 N Shallowford Rd. Ste 103, Dunwoody GA 30338 ence, no more than 90 days old, dit is organized. (If the certificate	rocess for the above stated limited registered agent and agree to act and complete performance of my agrature) s/have authority to manage is/are: Title or Capacity:	Name and Address:	

Typed or printed name of signee

Control Number: 17133220

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

l, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Tallahassee Canterfield Management, LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 14994970
Date Inc/Auth/Filed: 12/14/2017
Jurisdiction : Georgia
Print Date : 12/22/2017

Form Number : 211



Brian P. Kemp Secretary of State