

M1800000 1516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

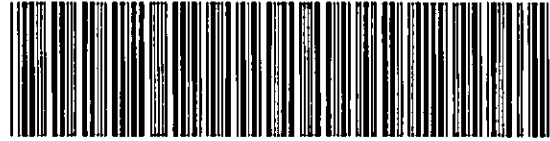
(Business Entity Name)

(Document Number)

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

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02/12/18--01020--006 \*\*160.00

2018 FEB 12 PM 2:06

FEB 13 2018  
J. HARRIS



200 Rittenhouse Circle  
East Building Suite 4  
Bristol, PA 19007

Re: Application for Foreign Limited Liability Company to transact business in Florida

To whom it may concern:

Please find enclosed an application for MedArbor, LLC.

A check for \$160.00 has been enclosed.

If there is any additional information needed to process this application, please let me know.

Best,

-Miroslav Kesic

President

[mkesic@medarbor.com](mailto:mkesic@medarbor.com)

609-703-5097

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MEDAKBOR, 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:

MIKOSLAV KESIC  
Name of Person

MEDAKBOR, LLC  
Firm/Company

200 RITTENHOUSE CIRCLE EAST BUILDING SUITE 4  
Address

BRISTOL, PA 19007  
City/State and Zip Code

MICESIC @ MEDAKBOR.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIKOSLAV KESIC at (609) 703 5077  
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. MEDARBOR LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. COMMONWEALTH OF PENNSYLVANIA 3. 27-0730954  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. ZOO KITTENHOUSE CIRCLE 6. SAME  
(Street Address of Principal Office) (Mailing Address)  
EAST BULLDOGMAN SUITE 4  
BRISTOL, PA 19007

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

Name: Registered Agent Solutions, Inc.  
 Office Address: 155 Office Plaza Dr. Suite A  
Tallahassee, Florida 32301  
(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.*

Jaclyn Wright *Jaclyn Wright, Asst. Secretary*  
(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>PRESIDENT</u>	<u>MIROSLAV KESIC</u> <u>106 ESSEX AVE</u> <u>LINWOOD, NJ 08221</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.

Miroslav Kesic  
Signature of an authorized person  
MIROSLAV KESIC  
Typed or printed name of signer

2019 FEB 12 PM 2:16

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

02/08/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

MEDARBOR LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set  
my hand and caused the Seal of the Secretary's  
Office to be affixed, the day and year above written

*Robert Lanes*

Acting Secretary of the Commonwealth

Certification Number: TSC180208151442-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>