

M18 000004 F9C

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

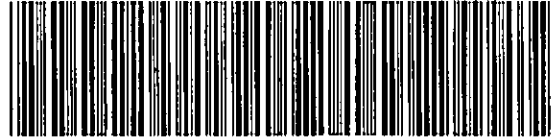
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000312767360

05/04/18--01026--016 \*\*125.00

FILED  
2018 MAY 22 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

75  
5/22

909 SE 5<sup>th</sup> Avenue  
Suite 200  
Delray Beach, FL 33483

May 16, 2018

Ms. Judy A. Leggett  
Regulatory Specialist  
Florida Department of State  
Division of Corporations  
P.O Box 6327  
Tallahassee, FL 32314

**Re: RiskShield Tools, LLC**  
**Letter # 118A00009466**

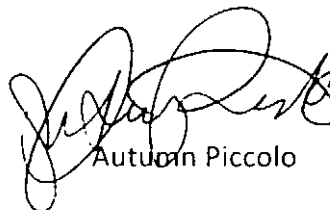
Dear Ms. Leggett,

Regarding the above referenced, please find enclosed our revised Application for SunBiz registration.

Please note that we have updated the "date first transacted business in Florida" as the entity was a dba to The Florida Healthcare Law Firm prior to filing, so the wrong date was initially provided in error.

Also enclosed is your letter of May 8, 2018 advising us regarding the necessary correction.

Sincerely,



Autumn Piccolo

Enclosures



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 8, 2018

AUTUMN PICCOLO  
909 SE 5TH ST, STE 200  
DELRAY BEACH, FL 33483 US

SUBJECT: RISKSHIELD TOOLS LLC  
Ref. Number: W18000042704

We have received your document for RISKSHIELD TOOLS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$638.75.

Please return the corrected original and one copy of 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.

Judy A Leggett  
Regulatory Specialist II  
Registration Section

Letter Number: 118A00009466

**COVER LETTER**

**TO:     Registration Section  
          Division of Corporations**

**SUBJECT:**     RiskShield Tools 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:

Autumn Piccolo

\_\_\_\_\_  
Name of Person

The Florida Healthcare Law Firm

\_\_\_\_\_  
Firm/Company

909 SE 5th Street, Suite 200

\_\_\_\_\_  
Address

Delray Beach, FL 33483

\_\_\_\_\_  
City/State and Zip Code

autumn@floridahealthcarelawfirm.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Autumn Piccolo

561  
at (        )

455-7700

\_\_\_\_\_  
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. RiskShield Tools LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. Delaware, MD  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. \_\_\_\_\_  
(FEI number, if applicable)
4. 8/7/2017  
(Date first transacted business in Florida, if prior to registration )  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 255 NE 6th Avenue  
(Street Address of Principal Office)  
Delray Beach, FL 33483
6. 909 SE 5th Street, Suite 200  
(Mailing Address)  
Delray Beach, FL 33483
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: The Florida Healthcare Law Firm  
Office Address: 909 SE 5th Street, Suite 200  
Delray Beach, Florida 33483  
(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:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Autumn Piccolo 909 SE 5th St., Suite 200 Delray Beach, FL 33483		

(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

Autumn Piccolo

Typed or printed name of signer

FILED  
2018 MAY 22 PM 1:30  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RISKSHIELD TOOLS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



6715774 8300

SR# 20183030334

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202581367

Date: 04-25-18