

M18000004910

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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2018 MAY 22 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. MILLIGAN
MAY 22 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 28, 2018

AZON MEDICAL LLC
900 DREW ST STE 3
CLEARWATER, FL 33755-4541

SUBJECT: AZON MEDICAL LLC
Ref. Number: W18000025821

We have received your document for AZON MEDICAL LLC and your check(s) totaling \$. 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.

Please return 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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 218A00005380

*Spoke w/ nice lady - 4/27 -
ordering C.O.S. from Do - + will
email!*

Vanessa called 5/16 - still awaiting form

845-863-4449

www.sunbiz.org

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Azon Medical, 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:

Vanessa Boyd
Name of Person

Azon Medical, LLC
Firm/Company

900 Draw Street
Address

Clearwater FL 33755
City/State and Zip Code

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

For further information concerning this matter, please call:

Vanessa Boyd at (845) 863-4449
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. Azon Medical, 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. Delaware 3. 47-4757270
(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. 920 N. King St #2 6. 900 Drew St #1
(Street Address of Principal Office) (Mailing Address)
Wilmington, DE 19801 Clearwater FL 33755

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

Name: Vanessa Boyd
Office Address: 3032 Oak Hill Rd
Clearwater, Florida 33759
(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 and to 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.

Vanessa Boyd
(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:
<u>Secretary</u>	<u>Vanessa Boyd</u> <u>3032 Oak Hill Rd</u> <u>Clearwater FL 33759</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.

Vanessa Boyd
Signature of an authorized person

Vanessa Boyd
Typed or printed name of signer

FILED
2018 MAY 22 PM 4:30
SECRETARY 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 "AZON MEDICAL, 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 SIXTEENTH DAY OF MAY, A.D. 2018.



5790940 8300

SR# 20183111525

You may verify this certificate online at corp.delaware.gov/authver.shtml

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

Authentication: 202626136

Date: 05-16-18