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Division of Corporations Electronic Filing Cover Sheet

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(((H18000163088 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : (12001094006)

Fax Number

Enone : (323) 9c2-8600 : (323)962-3889

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address pleaso /\*\*

## Foreign Limited Liability Company DEFENSE MEDICAL SYNDICATE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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Corporate Filing Menu

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## COVER LETTER

TO:	Registration Section Division of Corporations						
SURIE	DEFENSE MEDICAL SYNDIC	ATE, LLC					
SUBJECT: Name of Limited Liability Company							
The end Existen	closed "Application by Foreign Limited Lia cc, and check are submitted to register the a	oility Company for Authorization to Tr bove referenced foreign limited liabilit	ansact Business in I y company to transa	lorida," C et busines	ertificate of s in Florida		
Please:	return all correspondence concerning this m	atter to the following:					
		Cheyenne Moseley					
		Name of Person					
		Legalzoom.com, Inc.					
		[5тт/Сопрану					
Address Glendale, CA 91203 City/State and Zip Code		01 N Brand Blvd 11th Floor	7-	2113	- terminani		
		Address		74.A.Y	6 } 		
		, *	29	E-mpm.			
		,		}			
	arthurcastiglia@aol.com			ထ္	المسيدة ا		
	E-mail address	tto be used for future annual report notifi-		29			
For fur	ther information concerning this matter, plea	se call:	•.•				
	Cheyenne Moseley	nt (	0888 ext9724				
Name of Contact Person		Area Code Do	sytime Telephone Nur	nber			
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tailahassee, FL 32314	STREET ADDRESS: Division of Corporations. Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32304;					
Enclos	sed is a check for the following amor \$\Boxed{\text{S125.00 Filing Fee}} \Boxed{\text{S130.00 Filing Fee}} \Boxed{\text{Certificate o}}	ig Fee & ■ \$155.00 Filing Fee &	☐ \$160.00 Filing of Status & Co				



APPLICATION BY FO		MPANY FOR AUTHORIZATION T LORIDA	O TRANSACT BUSIN	ESS	
	TION 605.0002, FLORIDA STATUTES, THE I ISINESS IN THE STATEOF FLORIDA:	FOLLOWING IS SUBABITED TO REGISTER	A FOREIGN LIMITED LL	(BILITY	
L. DEFENSE MEDICAL					
(Nume of Fore	ign Limited Liability Company; must inclu	ide "Limited Liability Company." "L.L.C"	or "LLC.")		
Liability Company," "L.I. C."		ussacting business in Florida. The alternate o	ame must include "Limite	d	
2. NV		82-24352 <i>G</i> G	<del></del>		
(Jurisdiction under the law company is organized)	of which foreign limited liability	.v (Miljuumber, if applicab	le)		
4. 3/15/18					i:
	(Date first transacted business in F (See sections 605,0964 & 605,0905.)	londa, if prior to registration.) F.S. to determine panalty liability)	_		ķ
5. 12020 Southern Highl:	ands Pkwy #1204	·*	··· -		
Las Vogas, NV 89141		•			
	(Street Address of Princip.	al Office)			
6. 12020 Southern Highla	nds Pkwy#1204		2318	च सुभग्ने	
Las Vegas, NV 89141		1 p and an	3 3 A	ۇ ۋ سىدىن	
	(Mailing Addres	s)	29	1	
<ol><li>Nume and street address</li></ol>	g of Florida registered agent: (P.O. Bo	x NOT neceptable)	٠٠٠		
Name:	United States Corporation Agents, In	£.	: D	( )	
Office Address:	13302 Winding Oak Court Suite A		~ œ		
	Тапра	Florida_33612	220		
	(City)	(Zip code)			
designated in this application complywith the provision	gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the proper my position as registered agent.	process for the obove stated limited lia as registered agent and agree to act in a and complete performance of my dution to an action of the control of the	this cupacity. I further ies, and I am familiar »	agree	
	. •	. •			,
•	icity and address of the porton(s) who h MEMHER - 2428 TIEMANN AVE, B				•
	MEMBER - 2426 TIEMANN AVE, BR				
KUMA : WARRANIAN - A	MENDER - 1426 HEMANN AVE, DR	CONA. IVI CONGY	<del></del>		
jurisdiction under the law to the unuslator must be so This document is executed	of which it is organized. (If the vertifical ibmitted)  Signature of the in accordance with section 60\$ 0203 [	duly authenticated by the official having the is in a foreign language, a translation of the official having language at translation of the official having language.	of the certificate under.		
submitted in a document to	the Department of State constitutes at the ARTHUR CASTIGLIA	hird degree folony as provided for in s.8	17.155, F.S.		
	Typed or printed of	name of signee	••		





## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, dimited liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Tide 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper diffeer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **DEFENSE MEDICAL SYNDICATE**, **LLC**, as a limited liability company dufy organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since August 4, 2017, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 21, 2018.

Barbara K. Cegavske
Secretary of State

Electronic Certificate
Certificate Number: C20180521-0094