

M18000005286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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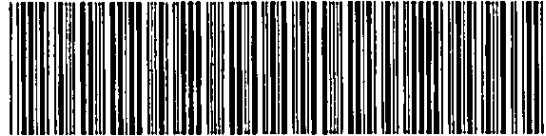
(Business Entity Name)

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LAW OFFICES
MOSKOWITZ, MANDELL, SALIM & SIMOWITZ, P.A.
800 CORPORATE DRIVE • SUITE 500
FORT LAUDERDALE, FLORIDA 33334

MICHAEL W. MOSKOWITZ¹
SCOTT E. SIMOWITZ¹
CRAIG J. MANDELL
WILLIAM G. SALIM, JR.²
SCOTT M. ZASLAV³
ARI J. GLAZER⁴
TODD A. ARMBRUSTER
ARTHUR E. LEWIS

ALSO ADMITTED IN NY & DC⁵
ALSO ADMITTED IN MA⁶
ALSO ADMITTED IN NY & CT⁷
ALSO ADMITTED IN NY⁸

CERTIFIED CIRCUIT COURT MEDIATOR⁹

BROWARD (954) 491-2000
BOCA RATON (561) 750-7700
TELECOPIER (954) 491-2051
EMAIL mmss@mmsslaw.com

OF COUNSEL

SHIRLEY D. WEISMAN, P.A.

Michael W. Moskowitz
mmoskowitz@mmsslaw.com
Direct (954) 776-9211

May 25, 2018

VIA FEDERAL EXPRESS

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: MEDOS, LLC

Dear Sir or Madam:

Enclosed please find an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, a Certificate of Good Standing from the State of Delaware, and this firm's check in the amount of \$125.00 in payment of the filing fee. Please register this foreign corporation to transact business in Florida.

Should you have any questions or comments, please do not hesitate to contact the undersigned.

Very truly yours,

MOSKOWITZ, MANDELL, SALIM & SIMOWITZ, P.A.

BY: Michael W. Moskowitz
MICHAEL W. MOSKOWITZ

MWM/cl

Enclosure

**Dictated but not read
sent out to avoid delay**

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MEDOS 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:

NICHOLAS GARDNER

Name of Person

MEDOS LLC

Firm/Company

1065 COCOANUT ROAD

Address

BOCA RATON, FL 33432

City/State and Zip Code

NICKGARDNER527@GMAIL.COM

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

For further information concerning this matter, please call:

NICHOLAS GARDNER

310
at ()

922-4961

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. MEDOS 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. 82-3629177
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. JANUARY 1, 2018
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1065 COCOANUT ROAD 6. 1065 COCOANUT ROAD
(Street Address of Principal Office) (Mailing Address)
BOCA RATON, FL 33432 BOCA RATON, FL 33432

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: CORPORATION SERVICE COMPANY
Office Address: 1201 HAYS STREET
TALLAHASSEE, Florida 32301
(City) (Zip code)

2018 MAY 30 AM 8:23
CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>MANAGER</u>	<u>NICHOLAS GARDNER</u> <u>1065 COCOANUT ROAD</u> <u>BOCA RATON, FL 33432</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.



Signature of an authorized person
NICHOLAS GARDNER

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDOS 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-FIRST DAY OF MAY, A.D. 2018.



6590783 8300

SR# 20184070727

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202739067

Date: 05-21-18