

MIBOGUSS63

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

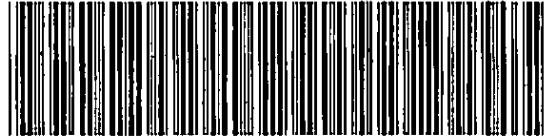
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/16/18--01007--002 **70.00

06/05/18--01006--003 **55.00

CALLAHAN, J. L.

2018 MAY 29 A 11:41

FILED

4/13/18



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2018

MICHAEL WOFFORD
1195 CURTIS PKWY, SE
CALHOUN, GA 30701

SUBJECT: SOUTHEASTERN MEDICAL REP GROUP, LLC
Ref. Number: W18000036171

We have received your document for SOUTHEASTERN MEDICAL REP GROUP, LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN CORP, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

There is a balance due of \$55.00.

Please return 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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 318A00007787

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2018 MAY 29 AM 11:41
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

RECEIVED
2018 MAY 29 AM 10:55
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOUTHEASTERN MEDICAL REP GROUP, 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:

CLARK M. JONES

Name of Person

SOUTHEASTERN MEDICAL REP GROUP, LLC

Firm/Company

1195 CURTIS PARKWAY, SE

Address

CALHOUN, GA 30701

City/State and Zip Code

clark@smrg.us

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

For further information concerning this matter, please call:

JERRY CLEMENTS, CPA

Name of Contact Person

at (706)

Area Code

629-4511

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

* YOUR LETTER SAYS YOU RECEIVED OUR CHECK FOR \$70 AND THE BALANCE DUE IS \$55, WHICH IS ENCLOSED.

FILED

2011 MAY 29 A 11:4

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0202, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SOUTHEASTERN MEDICAL REP GROUP, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, exact alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. GEORGIA 3. 80-0777466
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 5-1-2018
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0204 & 605.0205, F.S. in determining priority liability)

5. 1195 CURTIS PARKWAY, SE 6. 1195 CURTIS PARKWAY, SE
(Street Address of Principal Office) (Mailing Address)
CALHOUN, GA 30701 CALHOUN, GA 30701

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

Name: DEWEY K. BEAGLE

Office Address: 2446 WOODS DRIVE EAST

JACKSONVILLE, Florida 32246
(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.

[Signature]
(Print name of registered agent)

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>MANAGER</u>	<u>MICHAEL WOLFORD</u> <u>1046 HUNTS GIN RD NE</u> <u>CALHOUN, GA 30701</u>		
<u>MANAGER</u>	<u>CLARK JONES</u> <u>45 GODFREY RD</u> <u>ROME, GA 30165</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]
(Signature of authorized person)

Clark M. Jones
(Print name of authorized person)

2010 MAY 11 AM 11:11
FILED

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brian P. Kemp**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

SOUTHEASTERN MEDICAL REP GROUP, LLC
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 15729767
Date Inc/Auth/Filed: 12/09/2011
Jurisdiction : Georgia
Print Date : 04/06/2018
Form Number : 211



B. P. Kemp

Brian P. Kemp
Secretary of State