

6/18/2018

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

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

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DEPARTMENT
DIVISION OF CORPORATIONS
TALLAHASSEE

Foreign Limited Liability Company
ABMS Dragonfly, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$125.00

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**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. ABMS Dragonfly, 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. TENNESSEE 3. 83-0883392
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 3030 N. Rocky Point Dr. 6. 3030 N. Rocky Point Dr.
(Street Address of Principal Office) (Mailing Address)
STE 150A STE 150A
Tampa, FL 33607 Tampa, FL 33607

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Registered Agents Inc.
Office Address: 3030 N. Rocky Point Dr. STE 150A
Tampa, Florida 33607
(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.

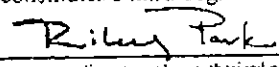

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:			
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>MEMBER</u>	<u>Abel Del Rio</u> <u>3030 N. Rocky Point Dr. STE 150A</u> <u>Tampa, FL 33607</u>	_____	_____
<u>MEMBER</u>	<u>Marta Del Rio</u> <u>3030 N. Rocky Point Dr. STE 150A</u> <u>Tampa, FL 33607</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

RILEY PARK
Typed or printed name of signer



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

RILEY PARK
STE 150A
3030 N. ROCKY POINT DR.
TAMPA, FL 33607

June 18, 2018

Request Type: Certificate of Existence/Authorization
Request #: 0280293

Issuance Date: 06/18/2018
Copies Requested: 1

Document Receipt

Receipt #: 004139958

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3733185418

\$20.00

Regarding: ABMS Dragonfly, LLC
Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 06/13/2018
Status: Active
Duration Term: Perpetual
Business County:

Control #: 968868
Date Formed: 06/13/2018
Formation Locale: TENNESSEE
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

ABMS Dragonfly, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Tre Hargett
Secretary of State

Processed By: Cert Web User

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