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Florida Department of State

Division of Corporations

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Foreign Limited Liability Company

Mobility Medical of North, LLC

Certificate of Status	0
Certified Copy	0
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AUG 08 2018

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE UNDERSIGNED ENTITY HEREBY GIVES NOTICE OF ITS INTENTION TO OBTAIN A CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. Mobility Medical of North, 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. Mississippi
(Jurisdiction under the laws of which foreign limited liability company is organized)

3. 20-3981126
(FEI Number, if applicable)

4. _____
(Date first transaction will occur in Florida, if prior to filing application.)
(See sections 605.0902 & 605.0905, F.S. to determine penalty for late filing.)

5. 554 Park Lane
Ste B
Flowood, MS 39232
(Street Address of Principal Office)

6. 554 Park Lane
Ste B
Flowood, MS 39232
(Mailing Address)

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

Name: CT Corporation System

Office Address: 1200 South Pine Island Dr.

Plantation, Florida 33324
(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.

Carline Smith
Vice President & Assistant Secretary

(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:
Office Mgr	Lanessa Parker 554 Park Lane Ste B Flowood, MS 39232		

(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.

Lanessa Parker
(Signature of an authorized person)

Lanessa Parker
(Typed or printed name of signer)

DELBERT HOSEMANN
Secretary of State

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

MOBILITY MEDICAL OF NORTH, LLC

Registered the 27th day of December, 2005.

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

554 Park Ln
Flowood, MS 39232-8895

And that the registered agent at that address is:

Carroll, Danyelle

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office; and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office
the 29th day of June, 2018

C. Delbert Hosemann, Jr.

C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN18053989
Verify this certificate online at http://corp.sos.ms.gov/corpcony/verifycertificate.aspx.