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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

AUG 27 2018



SERVICE EXTRAORDINAIRE

103 BROAD STREET, #1 ♦ WATERFORD, NY 12188 ♦ PHONE-518-935-7675 ♦ FAX-518-326-0610

August 15, 2018

VIA OVERNIGHT DELIVERY

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

Re: Application by Foreign Limited Liability Company for Authorization
to Transact Business in Florida for **Medical Device Management Group, LLC**
My File No.: 08-1471-D

Dear Sir/Madam:

Enclosed for filing with your office please find the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for Medical Device Management Group, LLC, a foreign Florida limited liability company. Also, enclosed is a Certificate of Good Standing from the Delaware Secretary of State, the original state of jurisdiction for this LLC, which was formed on July 12, 2018 in the State of Delaware.

Further, I am also enclosing a check in the amount of \$155.00 for the filing fee for said Foreign LLC Application and certified copy thereof.

Please send me the original filing receipt and certified copy of the Registration to Transact Business in Florida as soon as possible in the self-addressed, postage-paid envelope which is enclosed for your convenience.

Thank you for your courtesies and cooperation in this matter. Should you have any questions, please do not hesitate to contact me at (518) 935-7675.

Very truly yours,

Kristen Galarneau

COVER LETTER

**TO: Registration Section
Division of Corporations**

MEDICAL DEVICE MANAGEMENT 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:

KRISTEN GALARNEAU

Name of Person

SERVICE EXTRAORDINAIRE

Firm/Company

103 BROAD STREET, #1

Address

WATERFORD, NY 12188

City/State and Zip Code

SERVICEEXTRA@YAHOO.COM

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

For further information concerning this matter, please call:

KRISTEN GALARNEAU

518

935-7675

at ()

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. MEDICAL DEVICE MANAGEMENT GROUP, 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

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(FEI number, if applicable)

4. _____

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

5. 9677 Bridgebrook Drive

(Street Address of Principal Office)

Boca Raton, FL 33496

6. 9677 Bridgebrook Drive

(Mailing Address)

Boca Raton, FL 33496

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TALLAHASSEE, FLORIDA

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

Name: Ronald L. Sacher

Office Address: 9677 Bridgebrook Drive

Boca Raton

(City)

Florida 33496

(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.

Ronald L. Sacher

(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:

Managing Member

Ronald L. Sacher

9677 Bridgebrook Drive

Boca Raton, FL 33496

(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.

Ronald L. Sacher

Signature of an authorized person

Ronald L. Sacher

Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDICAL DEVICE MANAGEMENT GROUP, 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 FOURTEENTH DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDICAL DEVICE MANAGEMENT GROUP, LLC" WAS FORMED ON THE TWELFTH DAY OF JULY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



6973073 8300

SR# 20186167097

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203245636

Date: 08-14-18