Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000260683 3)))



H180002606833ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (650)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL

Account Number : 110432003053

Phone : (561)694-8107
Fax Number : (561)694-1639

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

Email Address:

Foreign Limited Liability Company UNIQUE MEDICAL SERVICES, LLC

1
0
03
\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help CULLIGAN

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:

OMPLIANCE WITH SECTION PANY TO TRANSACT BUSIN UNIQUE MEDICAL SE				eec. C. eaa al C. S.		
(Name of Foreign Cir.	mited Liabili	LLC ny Company; must include "Limit	ed Linbility Compar	ry. L.L.C. (* EEC.)		
(,				to be de 127 mais est l'imbelle	is Company," "LLC," or "LLC.	.")
er mescalishie, enter allemnie matir	c adopted for	the purpose of transcribing husiness in F	lorida. The alternate au	the later the fore that the common	g company	
			3	() El number	(familiatile)	
ELAWARE Duradiction under the law of which	h Kacıpe Inca	ed link-lity continuty is organized)		It is many		
Datifus and mass.						
		handled mushings in Florida, if piece	in registration.)			
<u></u>	(See secti	Unnancied business in Figures, if prior to 605,0904 & 605,0903, P.S. in dete	ratine percity liability)	sate and Asia Strite 2	00 -	_ 3
16853 NE 2nd Ave., Su	ite 200		6. 1085	NE 2nd Ave., Suite 2	<u>₩</u>	29. 18.
16853 NE 2nd Ave., Suite 200 (Street Address of Principal Office)				Miami Beach, FL 334		<u>م</u>
North Miami Beach, FL	33432		Nota	, vitamic iyaman i	7.70 7.70	光
					- 7.11	-0
					50	9-
			ov NOT accept	able)	m-K	
Name and street address	i of Florid	la registered agent: (P.O. B	C. ICCELEGOOP		F 0	AH 10: 1
	Cathy Fa			_	70	5
Name:					9.5	
Office Address:	16853 N	E 2nd Ave., Suite 200		_	سد ميم الما يشتر	=
O'Mee' / Harrison		riani Qasah		, Florida 33432 (Z.p.cod		
	North N	fiami Beach (Cin.)		(Z-p 20d	c)	
esignated in this applica	inon, i ne ious of al	igent and to accept service reby accept the appointme I statutes relative to the pro osition as registered agent	per and comple	te performance of my	dukes, and I am jumi	1127 11 112
esignated in this applica	inon, i ne ious of al	t statutes relative to the pro exition as registered agent	per and comple	agent and agree to act the performance of my By: Jenisa Iriza	dukes, and I am jumi	1127
esignated in this applica ocomply with the provisi nd accept the obligation	ions of all	t statutes relative to the pro- asition as registered agent. (Registered of	oper and comple	By: Jenisa Iriza	dukes, and I am jumi	1127
esignated in this applica comply with the provision and accept the obligation	ions of all	t statutes relative to the pro- asition as registered agent. (Registered of	oper and comple	By: Jenisa Iriza	ury, Attorney-in-Fa	act
esignated in this applica occumply with the provision and accept the obligation of The name, title or cap	ions of all	I statutes relative to the pro- oxition as registered agent (Registered ag address of the person(s) wh	oper and comple	By: Jenisa Iriza	dukes, and I am jumi	act
esignated in this applica ocomply with the provision and accept the obligation	ions of all	i statutes relative to the pro- oxition as registered agent (Registered ag address of the person(s) wh Name and Address:	oper and comple	By: Jenisa Iriza	ury, Attorney-in-Fa	act
esignated in this applica ocomply with the provisi nd accept the obligation 8. The name, title or cap	ions of all	address of the person(s) when and Address: Cathy Fara	on has have auth	By: Jenisa Iriza	ury, Attorney-in-Fa	act
esignated in this applica is comply with the provision and accept the obligation 8. The name, title or cap Title or Capacity:	ions of all	address of the person(s) when and Address: Cathy Fara Costa NE 2nd Ave., Suite 200	oper and completed the service of th	By: Jenisa Iriza	ury, Attorney-in-Fa	act
esignated in this applica is comply with the provision accept the obligation B. The name, title or cap Title or Capacity:	ions of all	address of the person(s) when and Address: Cathy Fara	oper and completed the service of th	By: Jenisa Iriza	ury, Attorney-in-Fa	act
esignated in this applica is comply with the provision accept the obligation B. The name, title or cap Title or Capacity:	ions of all	address of the person(s) when and Address: Cathy Fara Costa NE 2nd Ave., Suite 200	oper and completed the service of th	By: Jenisa Iriza	ury, Attorney-in-Fa	act
esignated in this applica is comply with the provision accept the obligation B. The name, title or cap Title or Capacity:	ions of all	address of the person(s) when and Address: Cathy Fara Costa NE 2nd Ave., Suite 200	oper and completed the service of th	By: Jenisa Iriza	ury, Attorney-in-Fa	act
esignated in this applica is comply with the provision and accept the obligation 8. The name, title or cap Title or Capacity:	ions of all	address of the person(s) when and Address: Cathy Fara Costa NE 2nd Ave., Suite 200	oper and completed the service of th	By: Jenisa Iriza	ury, Attorney-in-Fa	act
esignated in this applica is comply with the provision and accept the obligation. The name, title or cap Title or Capacity: MGR	mon, i ne- ions of all is of my po	address of the person(s) when and Address: Cathy Fara Costa NE 2nd Ave., Suite 200	oper and completed the service of th	By: Jenisa Iriza	ury, Attorney-in-Fa	act
esignated in this applicate comply with the provisional accept the obligation. The name, title or cap Title or Capacity: MGR	pacity and	address of the person(s) who Name and Address: Cathy Fara 16853 NE 2nd Aye., Suite 209 Noath Minmi Bench, FL 33432	oper and completed the service of th	By: Jenisa Iriza ority to manage is/are: or Capacity:	Name and Addres	act
esignated in this applicate comply with the provisional accept the obligation. 8. The name, title or cap Title or Capacity: MGR (Use attachments if necessity attachments it necessity attachment in the necessity attachment	essary)	address of the person(s) when Mame and Address: Cathy Fara 16853 NE 2nd Aye., Suite 200 Noath Minmi Bench, FL 33432	oper and complete (2005) (2005	By: Jenisa Iriza ority to manage is/are: or Capacity:	Name and Address	act
esignated in this applicate comply with the provisional accept the obligation. 8. The name, title or cap Title or Capacity: MGR (Use attachments if necessity attachments it necessity attachment in the necessity attachment	essary)	address of the person(s) when Mame and Address: Cathy Fara 16853 NE 2nd Aye., Suite 200 Noath Minmi Bench, FL 33432	oper and complete (2005) (2005	By: Jenisa Iriza ority to manage is/are: or Capacity:	Name and Address	act
esignated in this applicate to comply with the provision of accept the obligation. 8. The name, title or cap Title or Capacity: MGR (Use attachments if tices of the cap jurisdiction under the late of the repositor must be supported to the propositor must be completed to the repositor must be completed.	essary) ale of exist w of which	address of the person(s) who Name and Address: Cathy Fara 16853 NE 2nd Ave., Suite 2001 Noath Minmi Bench, FL 13432 dence, no more than 90 days in it is organized. (If the certification)	cold, duly auther	By: Jenisa Iriza ority to manage is/are: or Capacity: nticated by the official reign language, a transl	Name and Address having custody of reco	rds in th
exignated in this applicate to comply with the provision of accept the obligation. 8. The name, title or cap Title or Capacity: MGR (Use attachments if tices of the provision under the language of the proposition must be supposed to the proposition of the proposition must be supposed to the proposition of the proposition and the proposition are proposition are proposition and the proposition are proposition are proposition and the proposition are proposition.	essary) ale of exist w of which	address of the person(s) who Name and Address: Cathy Fara 16853 NE 2nd Ave., Suite 2001 Noath Minmi Bench, FL 13432 dence, no more than 90 days in it is organized. (If the certification)	cold, duly auther	By: Jenisa Iriza ority to manage is/are: or Capacity: nticated by the official reign language, a transl	Name and Address having custody of reco	rds in th
esignated in this applicate to comply with the provisional accept the obligation. 8. The name, title or cap Title or Capacity: MGR (Use attachments if necessary in the continuation of the capacity in the	essary) the of exist	address of the person(s) who Name and Address: Cathy Fora 16853 NE 2nd Aye., Suite 200 Noah Minmi Bench, FL 43432 dence, no more than 50 days it is organized. (If the certifie)	on has/have authoriticate is in a for	By: Jenisa Iriza ority to manage is/are: or Capacity: nticated by the official reign language, a transl	Name and Address having custody of reconstion of the certificate	rds in th
esignated in this applicate to comply with the provisional accept the obligation. 8. The name, title or cap Title or Capacity: MGR (Use attachments if necessary in the continuation of the capacity in the	essary) the of exist	address of the person(s) who Name and Address: Cathy Fora 16853 NE 2nd Aye., Suite 200 Noah Minmi Bench, FL 43432 dence, no more than 50 days it is organized. (If the certifie)	on has/have authoriticate is in a for	By: Jenisa Iriza ority to manage is/are: or Capacity: nticated by the official reign language, a transl	Name and Address having custody of reconstion of the certificate	rds in th
esignated in this applicate comply with the provisional accept the obligation. 8. The name, title or cap Title or Capacity: MGR (Use attachments if necessary in the continuation of the cansister must be continuated in the cap jurisdiction under the law of the cansister must be	essary) the of exist	ence, no more than 90 days it is organized. (If the certain decordance with section 60, partment of State constitute.	cold, duly auther difficate is in a for 5,0203 (1) (b). Fes a third degree	By: Jenisa Iriza ority to manage is/are: or Capacity: nticated by the official reign language, a transl forida Statutes. I am aw felony as provided for	Name and Address having custody of reconstion of the certificate	rds in th
esignated in this applicate to comply with the provision occupity with the provision occupit the obligation. 8. The name, title or cap Title or Capacity: MGR (Use attachments if necessary of the translator must be completed.)	essary) the of exist	ence, no more than 90 days it is organized. (If the certain decordance with section 60, partment of State constitute.	on has/have authoriticate is in a for	By: Jenisa Iriza ority to manage is/are: or Capacity: nticated by the official reign language, a transl forida Statutes. I am aw felony as provided for	Name and Address having custody of reconstion of the certificate	rds in th
signated in this applicate comply with the provisional accept the obligation. 3. The name, title or cap Title or Capacity: MGR (Use attachments if necessary in the cap in the capacity in the cap in the capacity in the cap in the capacity in the capaci	essary) the of exist	ence, no more than 90 days it is organized. (If the certain decordance with section 60, partment of State constitute.	cold, duly auther difficate is in a for 5,0203 (1) (b). Fes a third degree	By: Jenisa Iriza ority to manage is/are: or Capacity: nticated by the official reign language, a transl forida Statutes. I am aw felony as provided for	Name and Address having custody of reconstion of the certificate	rds in th

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UNIQUE MEDICAL SERVICES, 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 SIXTH DAY OF SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UNIQUE MEDICAL SERVICES, LLC" WAS FORMED ON THE NINTH DAY OF DECEMBER, A.D. 2016.

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

at corp.delaware gov/authy

Authentication: 203372349

Date: 09-06-18