

MISSOURI 64

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

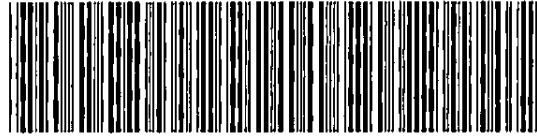
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500317706675

RECEIVED
DEPARTMENT OF STATE
18 SEP 18 AM 10:59

SEP 18 2018 10:59

9/18/18 25

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 389785 4320916

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : September 17, 2018

ORDER TIME : 9:17 AM

ORDER NO. : 389785-005

CUSTOMER NO: 4320916

FOREIGN FILINGS

NAME: SABBAMED, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SabbaMed, 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:

Corey Habib
Name of Person
Dorsey & Whitney LLP
Firm/Company
51 W 52nd St.
Address
New York, NY 10019
City/State and Zip Code
habib.corey@dorsey.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Corey Habib at (212) 415-9356
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. SabbaMed, 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. August 27, 2018
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 2805 E Oakland Park Blvd #451
(Street Address of Principal Office)
Fort Lauderdale, Florida 33306
6. 2805 E Oakland Park Blvd #451
(Mailing Address)
Fort Lauderdale, Florida 33306

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

Name: Corporations Service Company

Office Address: 1201 Hays St.
Tallahassee, Florida 32301
(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.

Roxanne Turner
(Registered agent's signature)

Roxanne Turner
Asst. Vice President

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>Attached</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.

Joseph Gerardi
Signature of an authorized person

Joseph Gerardi

Typed or printed name of signer

Addendum I

List of Managers

Managers

<u>Name</u>	<u>Address</u>
Eamonn P. Hobbs	2805 E Oakland Park Blvd #451 Fort Lauderdale, Florida 33306
Joseph G. Gerardi	2805 E Oakland Park Blvd #451 Fort Lauderdale, Florida 33306
Gary Onik	2805 E Oakland Park Blvd #451 Fort Lauderdale, Florida 33306
Marlene Wright-Barton	2805 E Oakland Park Blvd #451 Fort Lauderdale, Florida 33306

2017

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SABBAMED, 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 SEVENTEENTH DAY OF SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SABBAMED, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF AUGUST, A.D. 2018.

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




Jeffrey W. Bullock, Secretary of State

7032832 8300

SR# 20186693265

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

Authentication: 203436783

Date: 09-17-18