

M18000008658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

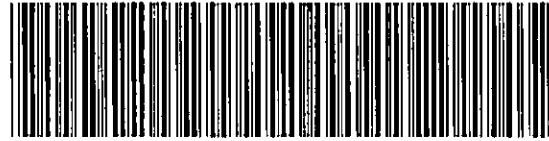
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

9-20-18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACCURATE CARE MEDICAL SUPPLIES 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:

EVAN JAXTHEIMER

Name of Person

ACCURATE CARE MEDICAL SUPPLIES LLC

Firm/Company

2900 GATEWAY DR

Address

POMPANO BEACH, FL 33309

City/State and Zip Code

acct@atlantichhealth.us

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

For further information concerning this matter, please call:

EVAN JAXTHEIMER

954

661-7899

Name of Contact Person

at ()

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

UPDATE:

* CERTIFICATE OF EXISTENCE
ARTICLES OF INC N.C.
CASHED CHECK

2018 SEP 20 AM 11:33



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 12, 2018

EVAN JAXTHEIMER
2800 GATEWAY DR
POMPANO BEACH, FL 33309

SUBJECT: ACCURATE CARE MEDICAL SUPPLIES LLC
Ref. Number: W18000081650

We have received your document for ACCURATE CARE MEDICAL SUPPLIES LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 618A00018971

**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. ACCURATE CARE MEDICAL SUPPLIES 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. NORTH CAROLINA

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

3. 82-3064487

(FEI number, if applicable)

4. 08/27/2018

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

5. ACCURATE CARE MEDICAL SUPPLIES LLC

(Street Address of Principal Office)

2900 GATEWAY DR

POMPANO BEACH, FL 33309

6. ACCURATE CARE MEDICAL SUPPLIES LLC

(Mailing Address)

2900 GATEWAY DR

POMPANO BEACH, FL 33309

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

Name: EVAN JAXTHEIMER

Office Address: 2900 GATEWAY DR

POMPANO BEACH, Florida 33309
(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>MGR</u>	<u>EVAN JAXTHEIMER</u> <u>2900 GATEWAY DR</u> <u>33309</u>	<u> </u>	<u> </u> <u> </u> <u> </u>
<u>MGR</u>	<u>CHARLES DONISI</u> <u>2900 GATEWAY DR</u> <u>33309</u>	<u> </u>	<u> </u> <u> </u> <u> </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 authorized person)

EVAN JAXTHEIMER

(Typed or printed name of signee)

FILED
2018 SEP 20 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NORTH CAROLINA

Department of the Secretary of State

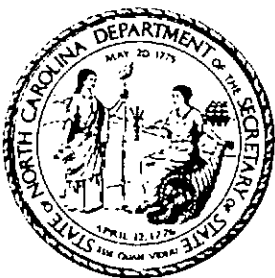
CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

ACCURATE CARE MEDICAL SUPPLIES, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 10th day of October, 2017

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 17th day of September, 2018.

Elaine F. Marshall

Secretary of State