

M18000009051

Ta 08:56:10 3/05/10 3:01:37 PM

Division of Corporations

Page 1 of 2

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.

((H18000286557 3)))



H180002865573ABC9

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 : (850) 617-6383

From: Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

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
CHAIR-A-MEDICS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

***PLEASE
PROVIDE ORIGINAL
SUBMISSION DATE OF
10/02/2018***

***PLEASE
PROVIDE ORIGINAL
SUBMISSION DATE OF
10/02/2018***

Electronic Filing Menu

Corporate Filing Menu

Help

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:

- Chair-A-Medics, L.L.C.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
- Missouri
(Jurisdiction under the law of which foreign limited liability company is organized)
- 83-1912676
(FEI number, if applicable)
- (Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0901, F.S. to determine penalty liability)
- 5516 SW 1st Lane
(Street Address of Principal Office)
Ocala, FL 34474
- 5516 SW 1st Lane
(Mailing Address)
Ocala, FL 34474
- Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: C T Corporation System
Office Address: 1200 South Pine Island Road
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.

By: C T Corporation System James M. Halpin
(Registered agent's signature) Assistant Secretary

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:
Manager	William S. Witzofsky 5516 SW 1st Lane Ocala FL 34474	Manager	Joe Hays 5516 SW 1st Lane Ocala FL 34474
Manager	Thomas Lorick 5516 SW 1st Lane Ocala FL 34474		

(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.

Thomas Lorick
Signature of an authorized person

Thomas Lorick, Manager

Typed or printed name of signer

FILED
2018 OCT -2 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

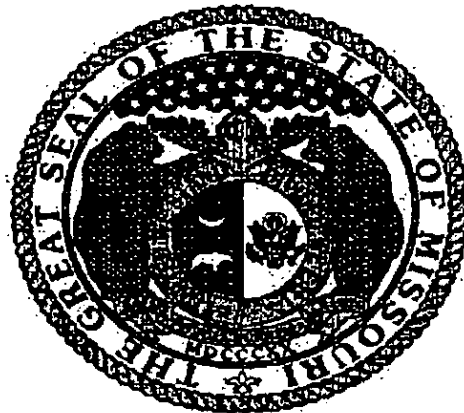
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Chair-A-Medics, LLC
LC001603144

was created under the laws of this State on the 31st day of July, 2018, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 27th day of September, 2018.


Secretary of State



Certification Number: CERT-09272018-0064



October 3, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CAPITOL SERVICES, INC.

SUBJECT: CHAIR-A-MEDICS, LLC
REF: W18000087814

***PLEASE PROVIDE ORIGINAL
SUBMISSION DATE OF 10/02/2018.
THANK YOU!!!!**

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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

FAX Aud. #: H18000286557
Letter Number: 418A00020552

RECEIVED
2018 OCT -3 PM 1:27

P.O BOX 6327 - Tallahassee, Florida 32314