

MI8000009768

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2018 OCT 16 PM 11:10

FILED

18 OCT 16 PM 9:42

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

K SALLY
OCT 30 2018

MED-1 Solutions, LLC

**517 US Highway 31 N
Indianapolis, IN 46142**

State of Florida
FL Reg Section Division of Corporations
2661 Executive Center Circle Clifton Building
Tallahassee, FL 32301

RE: **MED-1 Solutions, LLC**

To Whom It May Concern:

Enclosed you will find our completed Qualification Foreign LLC application.

Please mail all correspondence to:

Jennifer Taylor
MED-1 Solutions, LLC
517 US Highway 31 N
Indianapolis, IN 46142

If you have any questions regarding this application, please contact:

Jennifer Taylor
MED-1 Solutions, LLC
Phone: (317) 883-5620
Fax: (317) 865-1939
Email: jennifer@revonecompanies.com

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MED-I Solutions, 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:

Jennifer Taylor

Name of Person

MED-1 Solutions, LLC

Firm/Company

517 US Highway 31 N

Address

Greenwood, IN 46142

City/State and Zip Code

jennifer@revonecompanies.com

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

For further information concerning this matter, please call:

Jennifer Taylor

at (317)
Area Code

883-5600

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. MED-1 Solutions, 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. Indiana

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

3. 35-2203830

(FEI number, if applicable)

4. Upon Qualification

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

5. 517 US Highway 31 N

(Street Address of Principal Office)

Greenwood, IN 46142

6. Same

(Mailing Address)

7. 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

(City)

, Florida 33324

(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 Stephanie Boehm, Service Manager

(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

William J. (Joe) Huff II

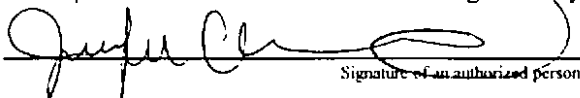
517 US Highway 31 N

Greenwood, IN 46142

(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 an authorized person

Jennifer Cleveland, Attorney-In-Fact

Typed or printed name of signee

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

FILED
18 OCT 16 PM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To Whom These Presents Come, Greeting:

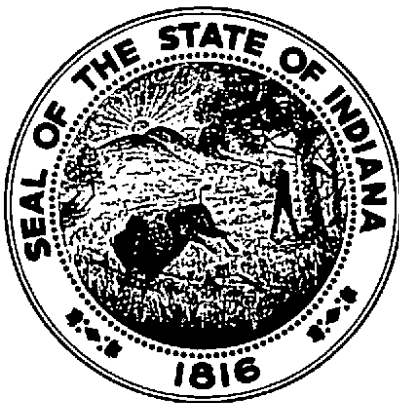
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

MED-1 SOLUTIONS, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on April 17, 2003, and was in existence or authorized to transact business in the State of Indiana on October 09, 2018.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, October 09, 2018

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2003042100115 / 2018756092

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on November 08, 2018.

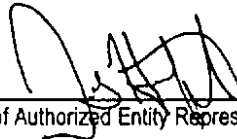
Collectors Insurance Agency, Inc.
Power of Attorney

NOTICE IS HEREBY GIVEN THAT MED-1 Solutions, LLC, ("Entity") an entity organized under the laws of Indiana, does hereby appoint, Angela Butera, Janis St. Martin, Jennifer Cleveland, Lisa M. Eubanks, while employed by Collectors Insurance Agency, Inc. as attorney-in-fact for the entity to act for the entity and affiliates and subsidiaries of the entity attached hereto as Exhibit A, specifically organized herein by reference ("the Subsidiaries") in the Entities' and Subsidiaries' names for the limited purposes authorized herein.

The Entity and Subsidiaries, having taken all necessary steps to authorize the changes, hereby grants it's attorney-in-fact the power to execute the documents necessary to file qualifications, certificates of authority, registrations, business registrations, licenses, permits and forms of similar import on behalf of the Entity and Subsidiaries in any state, jurisdiction, the District of Columbia and Puerto Rico.

This Power of Attorney expires when revoked by the Entity or Affiliates or Subsidiaries.

IN WITNESS WHEREOF, the undersigned have executed this Power of Attorney on the 9 day of October, 2016.



Signature of Authorized Entity Representative

William J. (Joe) Huff II, Managing-Member

Print Name and Title

Sworn to and subscribed before me
this 6th of October, 2016.

Notary Public, State of Indiana
Commission Expires: 3/24/2023

