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SUBMISSION DATE OF 10/19/2018

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (350) 617-6223

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 260-3338
Fax Number : (954) 208-0945

**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
MEDIX SPECIALTY VEHICLES, LLC

Certificate of Status	0
Certified Copy	1
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2018 OCT 19 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 DEC -3 AM 9:32

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November 5, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORP

SUBJECT: MEDIX SPECIALTY VEHICLES, LLC
REF: W18000092329

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.

You failed to make the correction(s) requested in our previous letter.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is F14000003110 MEDIX SPECIALTY VEHICLES, INC..

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) 245-6051.

Karen AcSaly
Regulatory Specialist II

FAX Aud. #: H18000303788
Letter Number: 818A00022741

P.O BOX 6327 - Tallahassee, Florida 32314

2018 DEC -3 AM 9:

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. MEDIX SPECIALTY VEHICLES, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")
Medix Specialty Vehicles of Indiana LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")
2. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 54-2028306
(PEI number, if applicable)
4. 09/01/2017
(Date first transacted business in Florida, if prior to registration)
(See sections 501.0904 & 605.0903, F.S. to determine penalty liability)
5. 3008 MOBILE DRIVE
(Street Address of Principal Office)
ELKHART, IN 45514
6. _____
(Mailing Address)

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

Name: CT 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: CT Corporation System

(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:
PRESIDENT	THOMAS A. MOLESKI 51400 CR 29 BRISTOL, IN 46507	VP	STEPHEN C. COOK 444 BAY POINT DRIVE GALLATIN, TN 37066
VP	DANIEL A. SHOCKLEY 471 BAY POINT DRIVE GALLATIN, TN 37066	VP & SECERTARY	FREDERIC W. REISNER 712 WESTVIEW AVE. NASHVILLE, TN 37205

(Use attachments if necessary) - See Attached

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

Typed or printed name of signer

#8 Continued

8. The name, title or capacity and address of the person(s) who has/have authority to manage where:

<u>Title or Capacity:</u>	<u>Name and Address:</u>
VP & ASST SEC	NOAH J. KRIMM
	900 30TH AVE S #1401
	NASHVILLE, TN 37212

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDIX SPECIALTY VEHICLES, 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 NINETEENTH DAY OF OCTOBER, A.D. 2018.

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


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2018 OCT 19 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



6529305 8300

SR# 20187230685

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


Jeffrey W. Bullock, Secretary of State

Authentication: 203647067

Date: 10-19-18