

M18000011234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

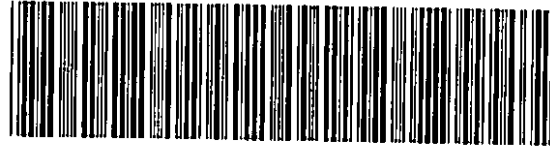
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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T SCHROEDER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DOC ON THE SPOT 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:

ALI DEAN SAKHAI  
Name of Person

DOC ON THE SPOT LLC  
Firm/Company

7169 HWY 72 W, STE A 104  
Address

MADISON, AL 35758  
City/State and Zip Code

DRFORSALE25@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALI DEAN SAKHAI at ( 256 ) 808-6790  
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. DOC ON THE SPOT LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")
- Prior use of name was dissolved by ADMIN DISSOLUTION dated 09/26/2014
- (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. ALABAMA 3. 46-5707613  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 01/01/2019  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 7169 HWY 72 W, STE A 104 6. 7169 HWY 72 W, STE A 104  
(Street Address of Principal Officer) (Mailing Address)
- MADISON, AL 35758 MADISON, AL 35758

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

Name: ALI DEAN SAKHAI

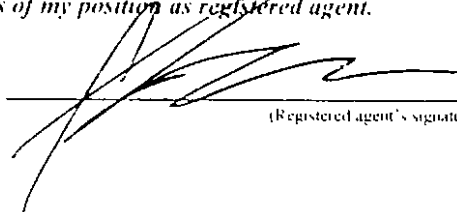
Office Address: 1610 N. OCEAN BLVD, #904

POMPANO BEACH 33062  
(City) Florida (Zip code)

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TALLAHASSEE, FLORIDA

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:

Title or Capacity:

Name and Address:

PRESIDENT/MGRM

ALI DEAN SAKHAI

1610 N. OCEAN BLVD. #904

POMPANO BEACH, FL 33062

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TALLAHASSEE, FLORIDA

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(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

ALI D. SAKHAI, PRES/MGRM

Typed or printed name of signer

John H. Merrill  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that Doc On The Spot, LLC was formed in Madison County, Alabama on May 15, 2014. The Alabama Entity Identification number for this entity is 309-858. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



**In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.**

11/30/2018

Date

A handwritten signature in dark ink, appearing to read 'J. H. Merrill', is written over a horizontal line.

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John H. Merrill

Secretary of State