

4M190000001388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

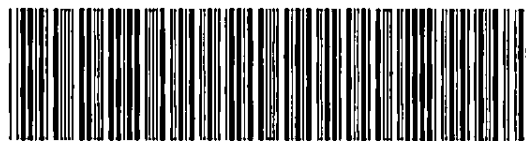
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W190000009098

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FEB 08 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 29, 2019

DEREK S. ADOLF
801 WEST BIG BEAVER ROAD, STE. 500
TROY, MI 48065

SUBJECT: ONE BEAT CPR LEARNING CENTER LLC
Ref. Number: W19000009098

We have received your document for ONE BEAT CPR LEARNING CENTER LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

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.

Cathy Cave

Letter Number: 419A00002051

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: One Beat CPR Learning Center 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:

Derek S. Adolf

Name of Person

Dean & Fulkerson, P.C.

Firm/Company

801 West Big Beaver Road, Suite 500

Address

Troy, Michigan 58085

City/State and Zip Code

dadolf@dflaw.com

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

For further information concerning this matter, please call:

Derek S. Adolf

248

362-1300 x 277

at (_____) _____

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**



\$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. One Boat CPR Learning Center LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(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. Michigan

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

3. 83-2668948

(FEI number, if applicable)

January 10, 2019

4.

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0902, F.S. to determine penalty liability.)

4350 Oakes Road, Suites 500-501

5.

(Owner Address if Personal? Yes)

4350 Oakes Road, Suites 500-501

6.

(Mailing Address)

Davie, Florida 33314

Davie, Florida 33314

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

Name: Lawrence Franchetti

Office Address: 4350 Oakes Road, Suites 500-501

Davie

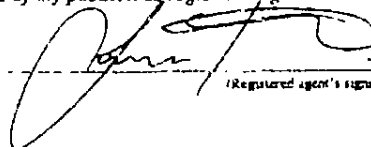
33314
Florida

(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. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

Title or Capacity: Name and Address:

☒ Manager Name: Patrick T. Greene

☐ Member Address: 24601 Capital Boulevard

☐ Authorized Clinton Township, Michigan 48036

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☒ Manager Name: Lon Rosen

☐ Member Address: 4350 Oakes Rd, Suites 500-501

☐ Authorized Davie, Florida 33314

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Edward L. Schwartz

☐ Member Address: 3400 E. Lafayette

☐ Authorized Detroit, Michigan 48207

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

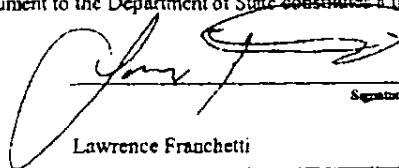
Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

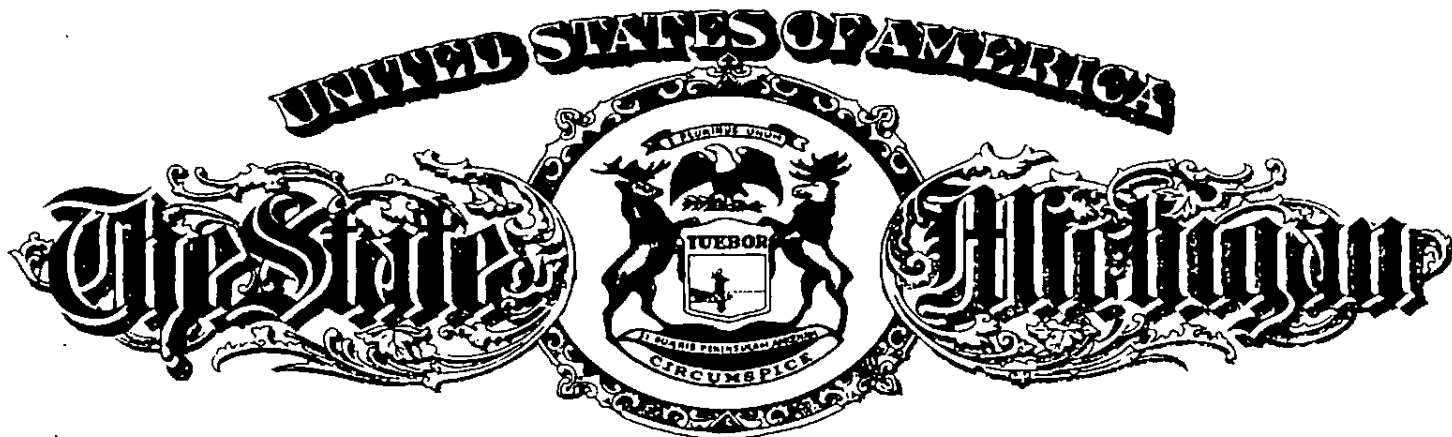
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



 Signature of an authorized person

Lawrence Franchetti

 Typed or printed name of signer



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

ONE BEAT CPR LEARNING CENTER LLC

was validly authorized on November 28, 2018, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY, and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 18129754710

*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 11th day of December, 2018.*

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau