

119000003890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

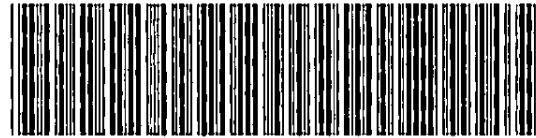
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/03/13--01008--003 **160.00

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2013 APR 15 P 11:05

TALLAHASSEE, FLORIDA

4/17/13 05



April 10, 2019

Florida Department of State
Attn: Registration Section: Dionne Scott
PO Box 6327
Tallahassee, FL 32314

RE: Somerset Services, LLC Authority to Transact Business in Florida

To whom it may concern,

Enclosed please find the Certificate of Existence for Somerset Services, LLC. This should complete our application to transact business in Florida.

Please let me know if you need anything else or have any questions.

Sincerely,

Kayla L. Miser, CPA
Accountant
5814 Reed Road
Fort Wayne, IN 46835
Office: 260.492.4004
Fax: 260.462.4676
kayla.miser@medpro.com
medpro.com

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TALLAHASSEE, FL
APR 15 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOMERSET SERVICES, 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:

ANDREW TEEL

Name of Person

MEDPRO GROUP INC.

Firm/Company

5814 REED ROAD

Address

FORT WAYNE, IN 46835

City/State and Zip Code

ANDREW.TEEL@MEDPRO.COM

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

2019 APR 15 PM 11:05
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

FILED

For further information concerning this matter, please call:

ANDREW TEEL

260
at ()

486-0404

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. SOMERSET SERVICES, 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 3. 35-6038355
(Jurisdiction under the law of which foreign limited liability company is organized) (FET number, if applicable)
4. UPON FILING
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 5814 REED ROAD 6. 5814 REED ROAD
(Street Address of Principal Office) (Mailing Address)
FORT WAYNE, IN 46835 FORT WAYNE, IN 46835

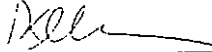
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

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.



(Registered agent's signature)

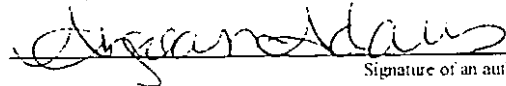
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>MANAGER</u>	<u>Timothy Kenesey</u> <u>5814 Reed Road</u> <u>Fort Wayne, IN 46835</u>		
<u>MANAGER</u>	<u>Daniel Landrigan</u> <u>5814 Reed Road</u> <u>Fort Wayne, IN 46835</u>		

(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

ANGELA M. ADAMS

Typed or printed name of signer

FILED
2019 APR 15 PM 5
TALLAHASSEE, FL

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

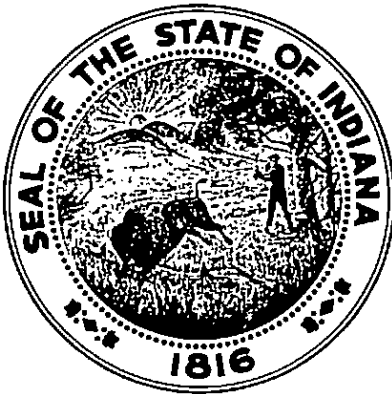
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

SOMERSET SERVICES, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on December 23, 1959, and was in existence or authorized to transact business in the State of Indiana on April 09, 2019.

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, April 09, 2019

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

194139A048 / 2019941018

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

Expires on May 09, 2019.

FILED
2019 APR 15 PM 11:00
CLERK OF THE SEAL