

MI9000001922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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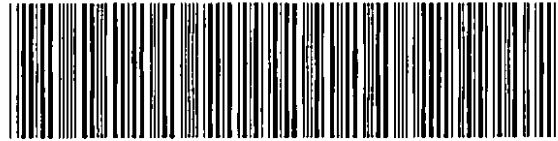
(Business Entity Name)

(Document Number)

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

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CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 099989 4300426

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 125.00

ORDER DATE : December 12, 2019

ORDER TIME : 10:02 AM

ORDER NO. : 099989-005

CUSTOMER NO: 4300426

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FOREIGN FILINGS

NAME: MEDFLEET, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER: \_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MedFleet, 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:

|  |
|--|
| Name of Person   |
| Firm/Company   |
| Address  |
| City/State and Zip Code  |
| E-mail address: (to be used for future annual report notification) |

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For further information concerning this matter, please call:

|                        |                |                          |
|------------------------|----------------|--------------------------|
| JASON PACHTER          | 212            | 294-6783                 |
| Name of Contact Person | at (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. MedFleet, 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. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

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

5. 115 Jordan Plaza Blvd.  
(Street Address of Principal Office)

Suite 200

Tyler, TX 75704

6. 115 Jordan Plaza Blvd.  
(Mailing Address)

Suite 200

Tyler, TX 75704

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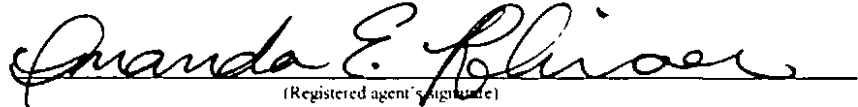
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(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)

Amanda Robinson  
Asst. Vice President

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: Paramedics Logistics Operating Company, LLC

☒ Member                      Address: 115 Jordan Plaza Blvd.

☐ Authorized                      Suite 200

Person                      Tyler, TX 75704

☐ Other                      ☐ Other

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other                      ☐ Other

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other                      ☐ Other

**Title or Capacity:**                      **Name and Address:**

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other                      ☐ Other

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other                      ☐ Other

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

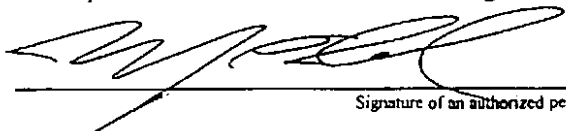
Person                      \_\_\_\_\_

☐ 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

Michael Odrich, President of Member

\_\_\_\_\_  
Typed or printed name of signer

MEDFLEET, INC.  
14561 58<sup>th</sup> Street, North  
Clearwater, FL 33760

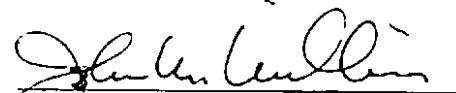
**WRITTEN CONSENT FOR A FOREIGN ENTITY'S  
USE OF A NAME THAT IS NOT DISTINGUISHABLE FROM  
MEDFLEET, INC.**

**(a Florida corporation)**

The undersigned does hereby certify, as an Authorized Person of MedFleet, Inc., a Florida corporation (the "Company"), and not as an individual, as follows:

1. The Company has been notified that MedFleet, LLC, a Delaware limited liability company (the "Applicant"), is submitting an application for authorization to transact business in the State of Florida (the "Application"), pursuant to the Florida Revised Limited Liability Company Act (the "Act").
2. The Company has been notified that the Applicant seeks to transact business in the State of Florida under its current name.
3. The Company understands that Section 605.0902(1)(a) of the Act indicates that the Application must contain a name that complies with Section 605.0112 of the Act.
4. The Company understands that Section 605.0112(b) indicates that, because the Applicant's name is not distinguishable from the Company's name, the Applicant must obtain consent from the Company to file the Application.
5. The Company consents to the Applicant's use of the name MedFleet, LLC on the Application and to transact business in the State of Florida.

MEDFLEET, INC.

  
\_\_\_\_\_  
Authorized Person

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDFLEET, 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 TWELFTH DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDFLEET, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF OCTOBER, A.D. 2019.

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

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DELAWARE SECRETARY OF STATE



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SR# 20198611860

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 204206558

Date: 12-12-19