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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : WILSON TAX & ACCOUNTING INC.
Account Number : I20150000107
Phone : (941) 625-1925
Fax Number : (941) 625-1526

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: rebecca@chapmanmedical.com

**Foreign Limited Liability Company
CHAPMAN MEDICAL PRODUCTS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

MAY 01 2020

M. SOLOMON
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Corporate Filing Menu

SECRETARY OF STATE
CORPORATION DIVISION

2020 APR 30 AM 8:40

FILED

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CHAPMAN MEDICAL PRODUCTS 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. NEVADA

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

3. 26-1911769

(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. 2200 KINGS HWY 3-L SUITE 244

(Street Address of Principal Office)

6. 2200 KINGS HWY 3-L SUITE 244

(Mailing Address)

PORT CHARLOTTE, FL 33980

PORT CHARLOTTE, FL 33980

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

Name: WILSON TAX & ACCOUNTING, INC.

Office Address: 1300 ENTERPRISE DR STE A

PORT CHARLOTTE 33953

(City)

Florida

(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)

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2020 APR 30 AM 8:40
SECRETARY OF STATE
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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):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>BARRY CHAPMAN</u>	<input type="checkbox"/> Manager	Name: <u>REBECCA CHAPMAN</u>
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>2200 KINGS HWY 3-L SUITE 244</u>	<input type="checkbox"/> Authorized	<u>2200 KINGS HWY 3-L SUITE 244</u>
Person	<u>PORT CHARLOTTE, FL 33980</u>	Person	<u>PORT CHARLOTTE, FL 33980</u>
<input checked="" type="checkbox"/> Other <u>AMBR</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>AMBR</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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JANET G. STINE
CLERK OF COURT

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

REBECCA CHAPMAN

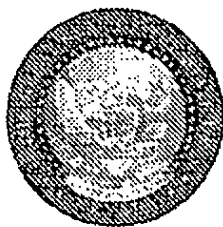
Typed or printed name of signer

SECRETARY OF STATE

CERTIFICATE OF EXISTENCE
WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **CHAPMAN MEDICAL PRODUCTS LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 01/28/2008, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 04/29/2020.

BARBARA K. CEGAVSKE

Secretary of State

Certificate Number: B20200429757581

You may verify this certificate
online at <http://www.nvsos.gov>



April 7, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

WILSON TAX & ACCOUNTING INC.

SUBJECT: CHAPMAN MEDICAL PRODUCTS LLC
REF: W20000035510

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

REGISTERED AGENT COMPANY MUST HAVE A SUFFIX AND BE REGISTERED WITH DEPARTMENT OF STATE,

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not 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.

Tacarri K Glass
Regulatory Specialist II

FAX Aud. #: H20000101591
Letter Number: 220A00007426

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2020 APR 30 AM 7:07