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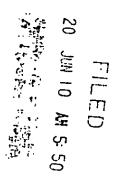
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  GO RECOVED CONTROLL  FOR PROPERTY OF THE PROPERTY OF
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## COVER LETTER

Oncoderm, LLC    Name of Limited Liability Company	
he enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business xistence, and check are submitted to register the above referenced foreign limited liability company to tr lease return all correspondence concerning this matter to the following:  Rochelle Friedman Walk  Name of Person  AEGIS LAW  Firm/Company  100 S Ashley Dr Ste 620  Address	
Rochelle Friedman Walk  Rease return all correspondence concerning this matter to the following:  Rochelle Friedman Walk  Name of Person  AEGIS LAW  Firm/Company  100 S Ashley Dr Ste 620  Address	
Rochelle Friedman Walk  Name of Person  AEGIS LAW  Firm/Company  100 S Ashley Dr Ste 620  Address	
Name of Person  AEGIS LAW  Firm/Company  100 S Ashley Dr Ste 620  Address	
Firm/Company 100 S Ashley Dr Ste 620 Address	
Firm/Company 100 S Ashley Dr Ste 620 Address	
100 S Ashley Dr Ste 620 Address	
Address	
Tampa, FL 33602	
City/State and Zip Code	
lros@aegislaw.com	
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
Rochelle Friedman Walk 813 999-0199	5. 法
Name of Contact Person Area Code Daytime Telephone	Number
Mailing Address: Street Address:	1 mg
Registration Section Registration Section	i se I segra Segra
Division of Corporations  Division of Corporations	1 14 m
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810	1
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amount:	

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

IN COMPLIANCE WITH SECTION 0050002, FLORIDA STATUTES, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Oncoderm, LLC		11 1 1 2 A 2 2 1 1 C 2 2 2 2 1 C 2 2	<u> </u>
f) $f$	imited Liability Company, must include "Limite		
(If name unavailable, enter alternate na	anic adopted for the purpose of transacting business in F	florida. The alternate name must include "Linuted Eu	ibility Company," 'L.I. C." or "LLC")
Delaware		3	
(Jurisdiction under the law of wh	nch toreign limited liability company is organized)	(1-12)	er, it applicable)
4	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	o registration ) nine penalty liability)	
20725 NE 16th Ave al		20725 NE 16th Ave al	
5. (Street Address of Principal Office)		6. (Mailing Address)	
Miami, FL 33179		Miami, FL 33179	
			20
7. Name and street address	s of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)	DIN 100
Name:	AEGIS LAW		M SP ED
Office Address:	100 S Ashley Dr Ste 620		- 50 - 50
	Tampa	33602 , 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:	Title or Capacity	<u>":</u>	Name and Address:
≣Manager	Name:	□Manager	Name:	
□Member	Address: 20725 NE 16th Ave al	□Member	Address:	
□Authorized	Miami, FL 33179	□Authorized		
Person		Person		
□Other	□ Other	Other	<del></del>	□Other
□Manager	Name:	⊡Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		20
Person		Person		<u> </u>
Other	□Other	□Other		Other 5
□Manager	Name:	□Manager	Name:	35 S
□Member	Address:	□Member	Address:	
□Authorized		□Authorized	-	
Person		Person		
□Other	Other	□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.

JOE MACLEAN JOH WALLHAM (MAY 20, 2020)		
	Signature of an authorized person	
Joseph Maclean		
	Typed or printed name of signee	

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ONCODERM, 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 MARCH, A.D. 2020.

Authentication: 202575955

Date: 03-12-20



June 1, 2020

ROCHELLE FRIEDMAN WALK AEGIS LAW 100 SW ASHLEY DR STE 620 TAMPA, FL 33602 US

SUBJECT: ONCODERM, LLC Ref. Number: W20000053004

We have received your document for ONCODERM, LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Laura D Chang Regulatory Specialist II

Letter Number: 320A00010769

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