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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

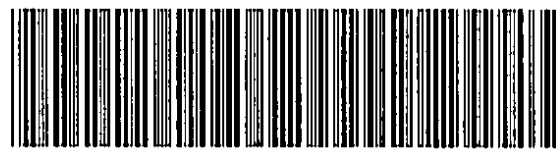
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2020 SEP 15 11:19:41

SBF
9/20/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Anchorage Medical Equipment & Supplies, 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:

Dana Griffin

Name of Person

Anchorage Medical Equipment & Supplies, LLC

Firm/Company

P.O. Box 543472

Address

Grand Prairie, Texas 75054

City/State and Zip Code

sales@anchoramedicalsupplies.com

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

For further information concerning this matter, please call:

Dana Griffin	972	391-9177
_____ Name of Contact Person	at (_____) Area Code	_____ Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

7020 S-7 15 A11 9:41

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. Anchorage Medical Equipment & Supplies, LLC

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

Anchorage Unlimited, LLC

(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 "LLC.")

2. Texas

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

3. 81-3149693

(FEI number, if applicable)

4. n/a

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

5. P.O. Box 543472

(Street Address of Principal Office)

6. P.O. Box 543472

(Mailing Address)

Grand Prairie, Tx 75054

Grand Prairie, Texas 75054

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

Name: Registered Agents Inc

Office Address: 7901 4th St. N STE 300

St Petersburg

(City)

, Florida

33702

(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.

Bill Havre

(Registered agent's signature)

2020 SEP 15 AM 9:11

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: Dana Griffin

☒ Member Address: P.O. Box 531966

☒ Authorized Grand Prairie, Texas 75053

Person

☐ Other ☐ Other

☐ Manager Name: Lois Garibaldi

☒ Member Address: P.O. Box 531966

☒ Authorized Grand Prairie, Texas 75053

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

Title or Capacity: Name and Address:

☐ Manager Name: Shannon Martin

☒ Member Address: 900 N. Walnut Creek Dr

☒ Authorized #100256

Person Mansfield, Texas 76063

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

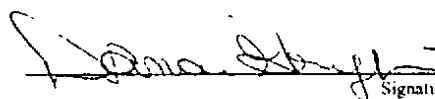
Person

☐ 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

Dana Griffin

Typed or printed name of signee



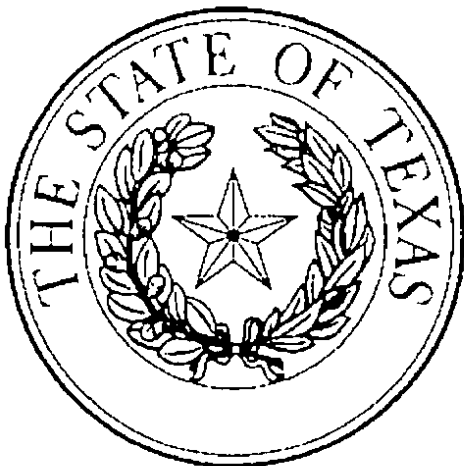
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Anchorage Medical Equipment & Supplies, LLC (file number 802497552), a Domestic Limited Liability Company (LLC), was filed in this office on July 12, 2016.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on July 23, 2020.



A handwritten signature in black ink, appearing to read "Ruth R. Hughs".

Ruth R. Hughs
Secretary of State

2020 SEP 15 AM 9:41



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2020

DANA GRIFFIN
P O BOX 543472
GRAND PRAIRIE, TX 75054 US

SUBJECT: ANCHORAGE MEDICAL EQUIPMENT & SUPPLIES, LLC
Ref. Number: W20000089793

We have received your document for ANCHORAGE MEDICAL EQUIPMENT & SUPPLIES, 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 registered agent must sign accepting the designation.

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) 245-6051.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 320A00015468

RECEIVED
SEP 15 2020