

11/30/2020

Division of Corporations

Florida Department of State
 Division of Corporations
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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (614)280-3338
 Fax Number : (954)208-0845

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**Foreign Limited Liability Company
 MC MEDICAL LLC**

Certificate of Status	0
Certified Copy	1
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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 K. Brumley

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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. MC MEDICAL LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

MC MEDICAL OF GA 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. GEORGIA (Incorporation under the law of which foreign limited liability company is organized)
3. 83-4080594 (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.006 & 605.0905, F.S. to determine penalty liability)

5. 702 SW 8TH ST MSC 0235 (Street Address of Principal Office)
6. 702 SW 8TH ST MSC 0235 (Mailing Address)
BENTONVILLE AR 72716 BENTONVILLE AR 72716

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

Name: C T CORPORATION SYSTEM
Office Address: 1200 SOUTH PINE ISLAND ROAD
PLANTATION, Florida 33324
(City) (Zip code)

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SECRETARY OF STATE
ALLAHABADDI, FLORIDA
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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.

James M. Halpin
Assistant Secretary
(Registered agent's signature)

Control Number : 19038601

STATE OF GEORGIA**Secretary of State**

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

MC MEDICAL LLC
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 19817913
Date Inc/Auth/Filed: 03/21/2019
Jurisdiction : Georgia
Print Date : 11/18/2020
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State

Control Number : 19038601

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