

Mediflo, LLC
3182 Tusca Willow Dr
Melbourne, FL 32934

May 20, 2021

Yvette Scott
Department of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

RE: Document No. W21000048473

Dear Yvette,

Our business filing for **Mediflo, LLC** in Florida was rejected due to needing the **Certificate of Existence** in the State of **Utah**. Please see the attached certificate to complete the filing. Should you have any questions, or need anything further, please contact me.

Thank you,



Brittany Thorn
Mediflo, LLC
Assistant to Don Dente
801-258-1032

2021 MAY 27 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

RECEIVED
MAY 24 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MediFlo
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:

Donald Dente
Name of Person

Mediflo
Firm/Company

3182 Tusca Willow Dr.
Address

Melbourne Florida 32934
City/State and Zip Code

dondente21@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donald Dente at 321 525-1577
Name of Contact Person Area Code Daytime Telephone Number

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

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

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. Medit10 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. Utah
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-4082852
(FEI number, if applicable)

4. No Business Yet
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 3182 Tuscan willow Dr.
(Street Address of Principal Office)
Melbourne Florida
32934

6. _____
(Mailing Address)

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TALLAHASSEE, FL

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

Name: Jolanda Dent
Office Address: 200 South Harbor City Blvd #500
Melbourne Florida 32901
(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.

[Signature]
(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Donald Dentz</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>3182 Tuscanwillow Dr.</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized Person	<u>Melbourne Florida</u>	<input type="checkbox"/> Authorized Person	_____
	<u>32934</u>		_____
<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 Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

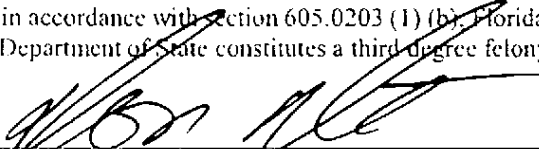
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 2021 MAY 27 PM 5:15
 SECRETARY OF STATE
 TALLAHASSEE, FL

<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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
Donald Dentz

Typed or printed name of signer



Utah Department of Commerce
Division of Corporations & Commercial Code
 160 East 300 South, 2nd Floor, PO Box 146705
 Salt Lake City, UT 84114-6705
 Service Center: (801) 530-4849
 Toll Free: (877) 526-3994 Utah Residents
 Fax: (801) 530-6438
 Web Site: <http://www.commerce.utah.gov>

05/20/2021
 11589519-016005202021-1653274

CERTIFICATE OF EXISTENCE

Registration Number: 11589519-0160
Business Name: MEDIFLO, LLC
Registered Date: December 26, 2019
Entity Type: LLC - Domestic
Status: Current

SECRET
 STATE
 TALLAHASSEE, FL
 2021 MAY 18 3:18
 FILE

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



L. Veillette

Leigh Veillette
 Director
 Division of Corporations and Commercial Code