

M21000008302

(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)

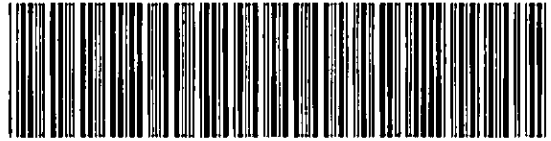
(Document Number)

Certified Copies _____ Certificates of Status _____

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6-30-21
Mel Solomon

Office Use Only



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2021 JUN 30 PM 12:17
CLERK OF STATE
TREASURY DEPARTMENT

JUN 30 2021

M. SOLOMON

COVER LETTER

**TO: Registration Section
Division of Corporations**

Halley Orthopedic Products, LLC

SUBJECT: _____
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:

Stephen Ross

Name of Person

Halley Orthopedic Products, LLC

Firm/Company

12290 Colliers Reserve Drive

Address

Naples, FL 34110

City/State and Zip Code

Steve.ross@X10therapy.com

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

For further information concerning this matter, please call:

Steve Ross

248

8822048

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

**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. Halley Orthopedic Products, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")
X10 Home Health 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")
State of Michigan 20-2001076

2. _____ (Jurisdiction under the law of which foreign limited liability company is organized) 3. _____ (FBI 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)
1234 Second St, Sarasota FL 34236 1234 Second St, Sarasota, FL 34236

5. _____ (Street Address of Principal Office) 6. _____ (Mailing Address)

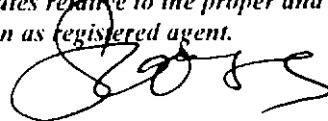
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Stephen Ross
12290 Colliers Reserve Drive
Office Address: _____
Naples 34110
_____, Florida _____
(City) (Zip code)

FILED
2021 JUN 30 PM 12:17
CLERK OF DISTRICT COURT
NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

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:**
Stephen Ross
☐ Manager Name: _____
12200 Others Reserve Dr, Naples FL 34110
☒ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

Jennifer Moore
☐ Manager Name: _____
10272 Canaveral Circle, Sarasota FL 34236
☐ Member Address: _____
☒ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

Christine Ross
☐ Manager Name: _____
12200 Others Reserve Dr, Naples FL 34110
☐ Member Address: _____
☒ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**
Paul Ewing
☐ Manager Name: _____
26705 Irving, Franklin MI 48025
☒ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

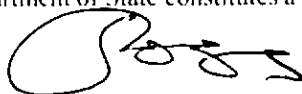
Bryan Berquist
☐ Manager Name: _____
1234 Second St, Sarasota, FL 34236
☐ Member Address: _____
☒ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ 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)

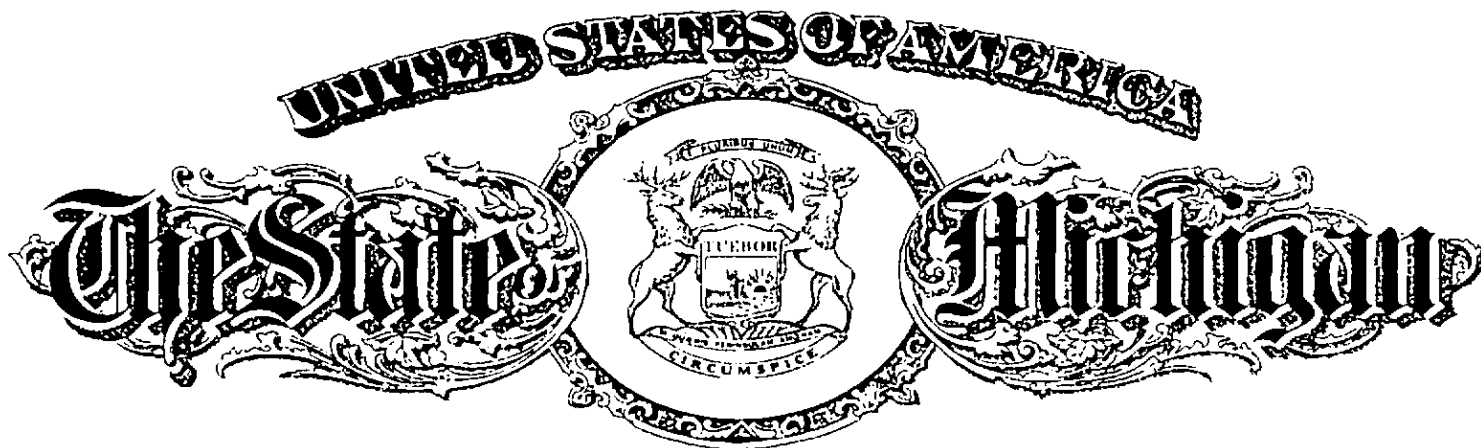
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Stephen Ross

Typed or printed name of signee



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

HALLEY ORTHOPEDIC PRODUCTS, LLC

was validly authorized on December 13 , 2004, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY, and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 21060736510

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 30th day of June , 2021.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 22, 2021

STEPHEN ROSS
HALLEY ORTHOPEDIC PRODUCTS LLC
12290 COLLIERS RESERVE DRIVE
NAPLES, FL 34110

SUBJECT: HALLEY ORTHOPEDIC PRODUCTS
Ref. Number: W21000090514

We have received your document for HALLEY ORTHOPEDIC PRODUCTS and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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.

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

Mel Solomon
Senior Section Administrator

Letter Number: 721A00014080

Recd 6-30-21