

M2100008694

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000263949 3)))



H-210002639493AEC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED
2021 JUL -8 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702)866-2500
Fax Number : (702)900-2290

2021 JUL -8 PM 4:30

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: documents@incorp.com

**Foreign Limited Liability Company
Medify Air, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$932.50

5/24
7/9/21

H21000263949 3

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Medify Air, 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:

Kathy Shin

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy, Suite 500S

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

documents@incorp.com

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

2021 JUL -8 PM 4:30

RECEIVED

For further information concerning this matter, please call:

Kathy Shin for InCorp Services, Inc.

Name of Contact Person

at **800-246-2677**

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

H21000263949 3

H21000263949 3**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. Medify Air, LLC

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

Medify Air Florida, 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. Delaware

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

3. 82-3035883

(EIN number, if applicable)

4. 05/01/2019(Date first commenced business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)5. 1325 SW 30th Avenue

(Street Address of Principal Office)

b. 1325 SW 30th Avenue

(Mailing Address)

Deerfield Beach, FL 33442Deerfield Beach, FL 33442

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

Name:

InCorp Services, Inc.

Office Address:

17888 67th Court NorthLoxahatchee

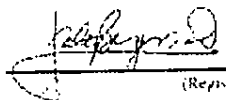
(City)

, Florida 33470

(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.



Isabel Burgos on behalf of Incorp Services, Inc.

(Registered agent's signature)

H21000263949 3

H21000263949 3

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>
☒ Manager	Name: <u>J. Henry Scott</u>	☐ Manager	Name: <u>Lisa Pasch</u>
☐ Member	Address: _____	☒ Member	Address: _____
☐ Authorized Person	<u>101 E Camino Real</u> <u>Boca Raton, FL 33432</u>	☐ Authorized Person	<u>101 E Camino Real</u> <u>Boca Raton, FL 33432</u>
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: <u>David Quackenbush</u>	☐ Manager	Name: <u>Andrew Cader</u>
☒ Member	Address: _____	☒ Member	Address: _____
☐ Authorized Person	<u>582 Sylvan Road</u> <u>Westwood, NJ 07675</u>	☐ Authorized Person	<u>300 Drive NE Unit 2401</u> <u>Saint Petersburg, FL 33701</u>
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized Person	_____	☐ Authorized 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.

Witnessed by: J. Henry Scott

6172006970-C12E
Signature of an authorized person

J. Henry Scott

Typed or printed name of signer

H21000263949 3

H21000263949 3

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDIFY AIR, 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 EIGHTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDIFY AIR, LLC" WAS FORMED ON THE NINTH DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2021 JUL -8 PM 4:30

2021 JUL -8 PM 4:30




Jeffrey W. Bullock, Secretary of State

6573138 8300

SR# 20212654397

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203626277

Date: 07-08-21

H21000263949 3