

M21000010216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

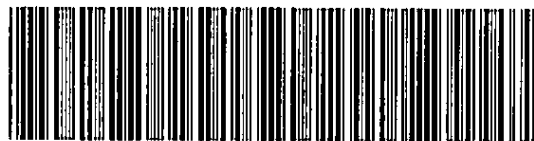
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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M. SOLOMON

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: HEALTHMED 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:

Anthony Morales

\_\_\_\_\_  
Name of Person

MyUSACorporation.com

\_\_\_\_\_  
Firm/Company

1 Radisson Plaza, Suite 800

\_\_\_\_\_  
Address

New Rochelle, NY 10801

\_\_\_\_\_  
City/State and Zip Code

info@myusacorporation.com

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

For further information concerning this matter, please call:

Anthony Morales

877

3302677

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

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

HEALTHMED SUPPLIES 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. NEVADA  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI 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)

5. 5825 TOSCANA PLACE, APT. 205  
(Street Address of Principal Office)

6. 5825 TOSCANA PLACE, APT. 205  
(Mailing Address)

MARGATE, FL 33063

MARGATE, FL 33063

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


Name: Incorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470  
(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.*

  
\_\_\_\_\_  
(Registered agent's signature)

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CORPORATE DIVISION

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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: MICHAEL ARRANT

☒ Member Address: 5825 TOSCANA PLACE, APT. 205

☐ Authorized Person MARGATE, FL 33063

☐ Other                      ☐ Other                     

Title or Capacity: Name and Address:

☐ Manager Name:                     

☐ Member Address:                     

☐ Authorized Person                     

☐ Other                      ☐ Other                     

☐ Manager Name:                     

☐ Member Address:                     

☐ Authorized Person                     

☐ Other                      ☐ Other                     

☐ Manager Name:                     

☐ Member Address:                     

☐ Authorized Person                     

☐ 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

MICHAEL ARRANT

**SPECIAL AND REVOCABLE  
LIMITED POWER OF ATTORNEY**

TO ALL PERSONS, be it known, that INCORP SERVICES, INC., a Nevada corporation ("Grantor"), does hereby make and grant a limited and specific power of attorney to Fedor Migel and appoint and constitute said individual as its attorney-in-fact ("Attorney-in-Fact"). This Special and Revocable Limited Power of Attorney hereby revokes any and all former powers of attorney given by Grantor to Attorney-in-Fact.

Attorney-in-Fact shall have the limited power and authority to undertake, commit and perform only the following acts on Grantor's behalf to the same extent as if Grantor had done so personally, all with full power of substitution and revocation in the presence:

Authority to accept appointment as registered agent on behalf of Grantor, for entities which MyUSACorporation.com, a Wyoming corporation, has purchased resident agent service on or through their account with Grantor. After each exercise of such authority, Attorney-in-Fact shall notify Grantor of the same.

TERMINATION: Unless sooner revoked or terminated by Grantor, this Special and Revocable Limited Power of Attorney shall become NULL and VOID from and after December 31, 2021.

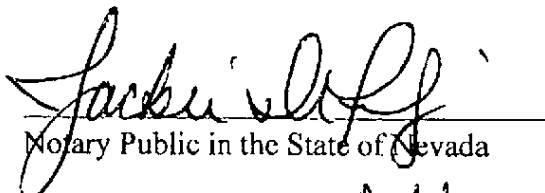


Louise Breytenbach, Chief Operating Officer

Dated: May 11, 2021

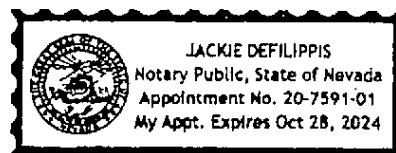
STATE OF NEVADA       )  
                                      ) ss  
COUNT OF CLARK       )

This Special and Revocable Limited Power of Attorney was acknowledged before me on May 11, 2021, by Louise Breytenbach, as Chief Operating Officer of InCorp Services, Inc., a Nevada corporation.

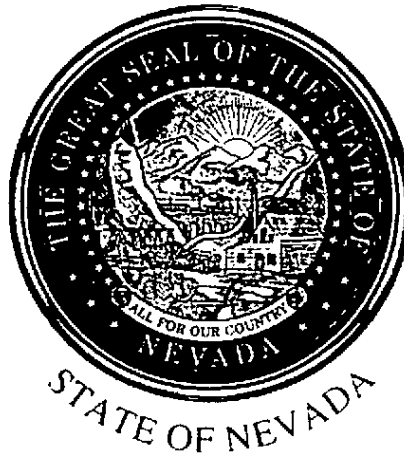


Notary Public in the State of Nevada

My Commission Expires: October 28, 2024



# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Healthmed LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 02/04/2020, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 07/28/2021.

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE  
Secretary of State

Certificate Number: B202107281867134

You may verify this certificate  
online at <http://www.nvsos.gov>