

7/8/22 6:55 AM

Division of Corporations

**M220002329043**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : I20180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

2022 JUL -8 AM 11:25  
\*\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*\*

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company  
NORTHEAST MEDICAL, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

S. FRANKLIN

JUL 11 2022

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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. NORTHEAST MEDICAL, LLC

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

New Hampshire

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)

5. (Street Address of Principal Office)

6. (Mailing Address)

2 Commerce Drive, Unit 105

2 Commerce Drive, Unit 105

Bedford, NH 03032

Bedford, NH 03032

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

Name. LEGALINC CORPORATE SERVICES INC.

Office Address. 5237 SUMMERLIN COMMONS BLVD, STE. 400

FORT MYERS

33907

(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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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 type="checkbox"/> Manager	Name: Christopher Crosby	<input type="checkbox"/> Manager	Name: Jacob Caron
<input checked="" type="checkbox"/> Member	Address: 2 Commerce Drive, Unit 105	<input checked="" type="checkbox"/> Member	Address: 2 Commerce Drive, Unit 105
<input type="checkbox"/> Authorized	Bedford, NH 03032	<input type="checkbox"/> Authorized	Bedford, NH 03032
Person		Person	
<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		<input type="checkbox"/> Authorized	
Person		Person	
<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		<input type="checkbox"/> Authorized	
Person		Person	
<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		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

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**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.

Jacob Caron  
Signature of an authorized person

Jacob Caron

Typed or printed name of signer

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**State of New Hampshire**  
**Department of State**

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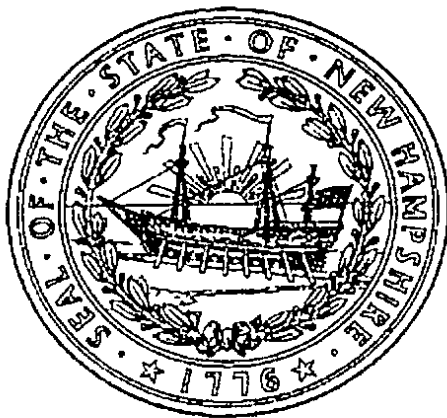
**CERTIFICATE**

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that NORTHEAST MEDICAL, LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on February 05, 2016. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 739061

Certificate Number: 0005822877

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IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 8th day of July A.D. 2022

A handwritten signature in black ink, appearing to read "D. Scanlan".

David M. Scanlan  
Secretary of State

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