

MA3000001446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

(Business Entity Name)

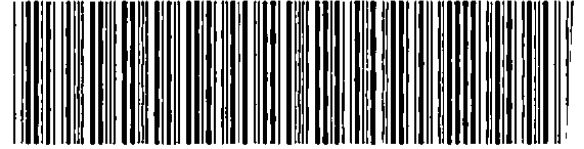
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REGISTRATION
DIVISION
TALLAHASSEE, FLORIDA

FEB -3 AM 11:52

FEB 03 2003

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: B. Babin Medical Litigation Support, 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:

Breanna Babin
Name of Person

B. Babin Medical Litigation Support, LLC
Firm/Company

21809 Dolphin Ave.
Address

Panama City Beach, FL 32413
City/State and Zip Code

Bree.Babin2015@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Breanna Babin at (614) 747-6169
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 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. B. Babin Medical Litigation Support, 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. Ohio 3. 83-293346
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 07/16/2021
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.9905, F.S. to determine penalty liability)

5. 21809 Dolphin Ave 6. 580 Amity Road
(Street Address of Principal Office) (Mailing Address)

Panama City Beach
FL, 32413

Galloway, OH 43111

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

Name: Breanna Babin

Office Address: 21809 Dolphin Ave

Panama City Beach, Florida 32413
(City) (Zip code)

2023 FEB -3 AM 11:58

LLC

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company a designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I f to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am fan and accept the obligations of my position as registered agent.

Breanna Babin
(Registered agent's signature)

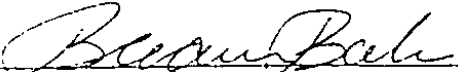
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<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>Breanna Babin</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>21809 Dolphin Ave.</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>Panama City Beach, FL, 32413</u>	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized 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 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 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 jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate 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.317.155, F.S.


Signature of an authorized person

Breanna Babin
Typed or printed name of signer



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	CC
10/14/2022	202228602792	OHIO LLC - AMENDMENT (LAM)	50.00	0.00	0.00	

Receipt

This is not a bill. Please do not remit payment.

MILLER & MILLER LITIGATION SUPPORT SERVICES, L.L.C.
8946 STILLWATER DR
GALLOWAY, OH 43119

**STATE OF OHIO
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose
4271278**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

B.BABIN MEDICAL LITIGATION SUPPORT, LLC

and, that said business records show the filing and recording of:

Document(s)

OHIO LLC - AMENDMENT

Document No(s)

202228602792

Effective Date: 10/13/2022



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
14th day of October, A.D. 2022.

Ohio Secretary of State