

M23000005886

(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)

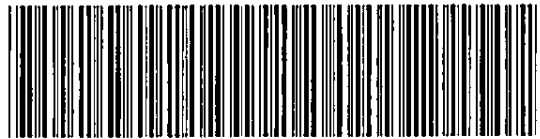
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W23000038817

Office Use Only



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2023 MAY -6 PM 2:20

RECEIVED
MAY 6 2023

MAY 06 2023

K. Brumbach



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 21, 2023

JASON SUNDERMEIER
588 JIM MORAN BLVD.
DEERFIELD BEACH, FL 33442

SUBJECT: SHL MEDICAL LLC
Ref. Number: W23000038817

We have received your document for SHL MEDICAL LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott
Supervisor

Letter Number: 723A00006552



SHL Medical LLC
3471 Trade Center Court
North Charleston, SC 29420 USA

SHL Pharma LLC
588 Jim Moran Boulevard
Deerfield Beach, FL 33442 USA
+1 954 725 2008

Florida Department of State
Division of Corporations
Attn: Yvette Scott, Supervisor
PO Box 6327
Tallahassee, Florida 32314

RE: SHL Medical LLC, ref number W23000038817

Please find the original and corrected submission of the *Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida*. The corrected submission includes the signature of the registered agent in section 7.

As noted in your letter dated March 21, 2023, please complete the filing process, and apply the \$125 filing fee payment previously received.

Please call my direct line at 954-798-9434 if you have any questions.

Regards,

A handwritten signature in black ink, appearing to read 'JS', with a long horizontal flourish extending to the right.

Jason Sundermeier
Director – Finance

Enclosures:

Original Submission

Corrected Submission with S. Carolina COE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SHL Medical 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:

JASON SUNDERMEIER

Name of Person

SHL Medical LLC

Firm/Company

588 JIM MORAN BLVD

Address

DEERFIELD BEACH, FLORIDA 33442

City/State and Zip Code

JASON.SUNDERMEIER@SHL-MEDICAL.COM

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

For further information concerning this matter, please call:

JASON SUNDERMEIER

954

798-9434

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. SHL Medical 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.")

South Carolina

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

88-3749265

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)

6650 Rivers Ave. STE 100

5. (Street Address of Principal Office)

Charleston, South Carolina 29406

588 JIM MORAN BOULEVARD

6. (Mailing Address)

DEERFIELD BEACH, FL 33442

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

Name: COGENCY GLOBAL INC.

Office Address: 115 N CALHOUN ST #4

TALLAHASSEE

(City)

, Florida 32301

(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.

/s/Eric Hood

(Registered agent's signature)

2023 MAY -6 PM 2:20

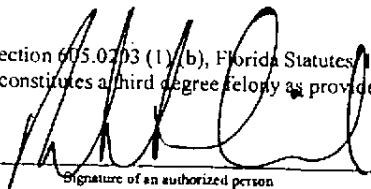
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Ulrich Fässler</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Robert W. Irish</u>
<input type="checkbox"/> Member	Address: <u>588 Jim Moran Boulevard</u>	<input type="checkbox"/> Member	Address: <u>588 Jim Moran Boulevard</u>
<input type="checkbox"/> Authorized	<u>Deerfield Beach, Florida 33442</u>	<input type="checkbox"/> Authorized	<u>Deerfield Beach, Florida 33442</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Martin Turvill</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Jason Sundermeier</u>
<input type="checkbox"/> Member	Address: <u>588 Jim Moran Boulevard</u>	<input type="checkbox"/> Member	Address: <u>588 Jim Moran Boulevard</u>
<input type="checkbox"/> Authorized	<u>Deerfield Beach, Florida 33442</u>	<input type="checkbox"/> Authorized	<u>Deerfield Beach, Florida 33442</u>
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 _____

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.

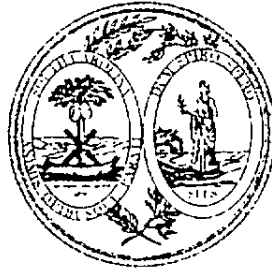


Signature of an authorized person

Robert W. Irish

Typed or printed name of signer

The State of South Carolina




Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

SHL Medical LLC, a limited liability company duly organized under the laws of the State of South Carolina on February 17th, 2022, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 8th day
of February, 2023.


Mark Hammond, Secretary of State