Division of Corporations

## Florida Department of State

**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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

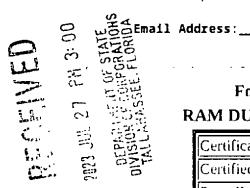
Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (813)436-5206

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



## **Foreign Limited Liability Company** RAM DURABLE MEDICAL EQUIPMENT LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

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Corporate Filing Menu

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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 6/5/09/02, FLORIDA STATUTES. THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA; RAM DURABLE MEDICAL EQUIPMENT 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 "L.L.C," 2. California 264230374 (herisdiction under the law of which foreign limited liability company is organized) IFEE number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905; F.S. to determine penalty hability). 9905 S Pennsylvania AVE STE A 7909 Silverton Avenue STE 214 (Street Address of Principal Office) (Mailing Address) Oklahoma City OK 73159 San Diego CA 92126 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc Name: 7901 4th St N STE 300 Office Address: St. Petersburg 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)

To: 18506176383

From: Registered Agents Inc

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:	Title or Capacity:	Name and Address:
⊡Manager	Name: Andrew Grader	□Manager	Name:
<b>X</b> Member	Address:	<b>%</b> Member	Address:
□Authorized	7901 4th St N STE 300	□Authorized	7901 4th St N STE 300
Person	St. Petersburg FL 33702	Person	St. Petersburg FL 33702
□Other	Other	Other	
□Manager	Name: Peter Gant Van der Boom	□Manager	Name:
⊠Member	Address:	□Member	Address:
□Authorized	7901 4th St N STE 300	□Authorized	
Person	St. Petersburg FL 33702	Person	
□Other	Other	□Other	Other
∐Manager	Name:	∪Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	·
Person		Person	
□Other	Other	□Other	Other

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.

	Robins Jones		
Signature of an authorized person			
Robin Jones			
<del></del>	Fund or printed name of course		

7/27/2023 11:25:59 POT Ta: 18506176383

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From: Registered Agents Inc.



## **Secretary of State** Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

RAM DURABLE MEDICAL EQUIPMENT LLC Entity Name:

Entity No.: 200903610061 Registration Date: 02/03/2009

Entity Type: Limited Liability Company - CA

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 26, 2023.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 132746425

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.