

M24000005112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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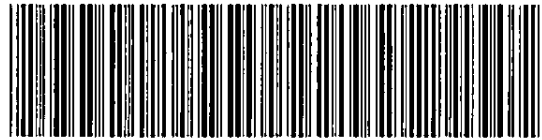
(Business Entity Name)

(Document Number)

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

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Office Use Only



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04/05/24--01012--003 \*\*160.00

2024 APR -5 PM 4:53

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **MAC WOUND SOLUTIONS 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:

**David Sprecher**  
Name of Person

**MAC WOUND SOLUTIONS LLC**  
Firm/Company

**33 Corporate Dr**  
Address

**Orangeburg NY 10962**  
City/State and Zip Code

**mayers@macwoundsolutions.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**David Sprecher** at ( **718** ) **404-5683**  
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 &    ☐ \$155.00 Filing Fee &    ☒ \$160.00 Filing Fee, Certificate  
Certificate of Status    Certified Copy    of Status & Certified Copy

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

THE APPLICANT, A FOREIGN LIMITED LIABILITY COMPANY, HAS BEEN FORMED UNDER THE LAWS OF THE STATE OF NEW YORK, AND IS REQUESTING AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA.

**NAME OF FOREIGN LIMITED LIABILITY COMPANY**

NEW WOUND SOLUTIONS, LLC

THE APPLICANT REQUESTS AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA AS A LIMITED LIABILITY COMPANY.

**DELAWARE**

93-2632174

N/A

THE APPLICANT REQUESTS AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA AS A LIMITED LIABILITY COMPANY.

33 CORPORATE DR

33 CORPORATE DR

Orangeburg NY 10962

Orangeburg NY 10962

THE APPLICANT REQUESTS AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA AS A LIMITED LIABILITY COMPANY.

Donato Zaret

1575 NE 176TH ST  
Miami FL 33162

Florida

2 pages

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 taking action and accept the obligations of my position as registered agent.

*[Signature]*

2024 APR -5 PM 4:53

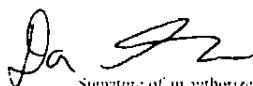
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: David Sprecher	<input type="checkbox"/> Manager	Name:
<input checked="" type="checkbox"/> Member	Address: 51 CANARY DR	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized Person	Lakewood NJ, 08701	<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. 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

David Sprecher  
Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "MAC WOUND SOLUTIONS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE TWENTY-FIFTH DAY OF JULY, A.D. 2023, AT 10:16 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAC WOUND SOLUTIONS LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

7586714 8315

SR# 20241070748

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203063657

Date: 03-19-24

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 10:16 AM 07/25/2023  
FILED 10:16 AM 07/25/2023  
SR 20233072830 - File Number 7586714

STATE OF DELAWARE  
CERTIFICATE OF FORMATION  
OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is MAC WOUND SOLUTIONS LLC

2. The Registered Office of the limited liability company in the State of Delaware is located at 8 THE GREEN STE B (street), in the City of DOVER, Zip Code 19901. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is Northwest Registered Agent Service Inc.

By: DAVID M SPRCHER

Authorized Person

Name: DAVID M SPRCHER

Print or Type