

M15000004911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

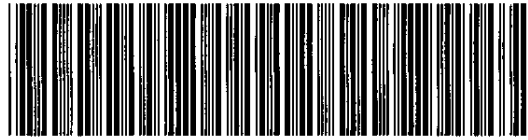
(Business Entity Name)

(Document Number)

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M1538420

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUN 19 PM 1:48

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2015 JUN 23 10:28 AM

EASTMAN & SMITH LTD.

ATTORNEYS AT LAW

Established 1844

Ann M. Bella
Paralegal to Jeffrey D. Snavely, Esq.
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One SeaGate, 24th Floor
P.O. Box 10032
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Facsimile: 419-247-1777

May 27, 2015

Division of Corporations
Registration Section
P. O. Box 6327
Tallahassee, FL 32314

Re: **IES MedPlus of Kentucky, LLC**
Our File No: C288/021581

Dear Sir/Madam:

Please find enclosed an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida with regard to the above-referenced limited liability company. Also enclosed is our firm's check to cover the cost of filing. Please process this application and return a file-stamped copy to me in the self-addressed, stamped envelope.

If you have any questions or concerns, please contact me at (419) 247-1611. Thank you in advance for your assistance with this matter.

Very truly yours,

Ann M. Bella

Ann M. Bella

Enclosures



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 3, 2015

EASTMAN & SMITH LTD.
PO BOX 10032
TOLEDO, OH 43699-0032

SUBJECT: IES MEDPLUS OF KENTUCKY, LLC
Ref. Number: W15000038820

We have received your document for IES MEDPLUS OF KENTUCKY, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

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) 245-6052.

Tim Burch
Regulatory Specialist II

Letter Number: 215A00011670

EASTMAN & SMITH LTD.

ATTORNEYS AT LAW

Established 1844

Jeffrey D. Snavely
Attorney at Law
Direct Dial: 419-247-1662
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One SeaGate, 24th Floor
P.O. Box 10032
Toledo, Ohio 43699-0032
Telephone: 419-241-6000
Facsimile: 419-247-1777

June 10, 2015

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: **IES MedPlus of Kentucky, LLC**
Letter Number 215A00011670
Reference Number W15000038820
Our File No: C288/021581

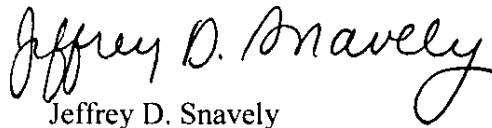
Dear Sir or Madam:

Please be advised that the voluntary dissolution of IES MedPlus of Kentucky, LLC (L15000089827) was the result of our office inadvertently filing the incorrect form with the State of Florida. We have no intention of revoking the dissolution and hereby release the name for use by another entity.

If you have any questions or concerns, please feel free to contact our office.

Very truly yours,

EASTMAN & SMITH LTD.



Jeffrey D. Snavely

JDS/amb
Enclosures

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANACT BUSINESS IN THE STATE OF FLORIDA:

1. IES MedPlus of Kentucky, 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. 32-0388322
(Jurisdiction under the law of which foreign limited liability company is organized) (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)

5. 136 North Huron Street
Toledo, OH 43604
(Street Address of Principal Office)

6. 136 North Huron Street
Toledo, OH 43604
(Mailing Address)

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

Name: URS Agents, LLC
Office Address: 1540 Glenway Drive
Tallahassee, Florida 32301
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

URS Agents, LLC
Amy Purdy, Assistant Secretary

By: Amy Purdy
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Wade Kohn
136 North Huron Street
Toledo, Ohio 43604

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)

Wade L. Kohn
Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Wade Kohn
Typed or printed name of signee

FILED
15 JUN 19 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show IES MEDPLUS OF KENTUCKY, LLC, an Ohio For Profit Limited Liability Company, Registration Number 2135556, was organized within the State of Ohio on September 10, 2012, is currently in FULL FORCE AND EFFECT upon the records of this office.

JUN 19 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 20th day of May, A.D. 2015.

Jon Husted

Ohio Secretary of State

Validation Number: 201514000941