

MI 8000003824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

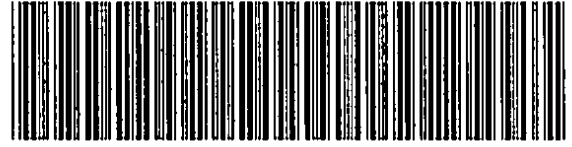
(Business Entity Name)

(Document Number)

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

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2018 APR 18 PM 8:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. LEGGETT  
APR 20 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 2, 2018

CINDY WHITEHOUSE  
333 WEST VINE STREET SUITE 300  
LEXINGTON, KY 40507 US

SUBJECT: ASCENTIAL CARE PARTNERS, LLC  
Ref. Number: W18000031241

We have received your document for ASCENTIAL CARE PARTNERS, 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):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$2,276.25.

Please return the corrected original and one copy of 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) 245-6051.

Judy A Leggett  
Regulatory Specialist II  
Registration Section

Letter Number: 618A00006552

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Ascential Care Partners, 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:

Cindy Whitehouse  
Name of Person  
Ascential Care Partners, LLC  
Firm/Company  
333 West Vine Street Suite 300  
Address  
Lexington, KY 40507  
City/State and Zip Code  
cwhitehouse@ascentialcare.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cindy Whitehouse at ( 859 ) 685-1047  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$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 605.0303, FLORIDA'S STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Ascental Care Facilities, LLC  
(Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," or "LLC.")

(If more than one name or alternate name adopted for the purpose of transacting business in Florida, The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Kentucky 3. 45-3818567  
(Jurisdiction under which a foreign limited liability company is organized) (FBI Number, if applicable)

4. 6/29/2017  
(Date first transacted business in Florida, if prior to registration) (See sections 605.0904 & 605.0903, F.S. to determine primary liability)

5. 333 West Vine Street Suite 300 6. 333 West Vine Street Suite 300  
(Street Address of Principal Office) (Billing Address)  
Lexington, KY 40507 Lexington, KY 40507  
(City) (Zip code)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
 Name: Leanne McCoy  
 Office Address: 3557 San Pablo Road S. #1504  
Jacksonville, Florida 32224  
(City) (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.*

*Leanne McCoy*  
(Signature)

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Owner</u>	<u>Cindy Whitehouse</u> <u>333 West Vine Street Suite 300</u> <u>Lexington, KY 40507</u>		

(Use attachments if necessary)

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 605.0303 (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.

*Cindy Whitehouse*  
Signature of an authorized person

March 23, 2018  
Typed or printed name of signer

DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA  
 2018 APR 18 PM 8:07  
 FILED

**Commonwealth of Kentucky**  
**Alison Lundergan Grimes, Secretary of State**

Alison Lundergan Grimes  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Certificate of Existence**

Authentication number: 198837  
Visit <https://app.sos.ky.gov/fisshow/certvalidate.aspx> to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

**Ascential Care Partners, LLC**

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is November 14, 2011 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 4<sup>th</sup> day of February, 2018, in the 226<sup>th</sup> year of the Commonwealth.



*Alison Lundergan Grimes*

Alison Lundergan Grimes  
Secretary of State  
Commonwealth of Kentucky  
198837/0805400