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RECEIVED
19 MAY -7 AM 10:38
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Y SCOTT

MAY 8 2019

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 751891 4312599

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : May 6, 2019

ORDER TIME : 10:07 AM

ORDER NO. : 751891-010

CUSTOMER NO: 4312599

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TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: RELIANT.MD MEDICAL ASSOCIATES
PLLC

XXXX QUALIFICATION (TYPE: PLL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Reliant.MD Medical Associates PLLC

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:

Camille Duerr, Paralegal

Name of Person

Jones Day

Firm/Company

1420 Peachtree Street, NE, Suite 800

Address

Atlanta, GA 30309

City/State and Zip Code

mark.deemer@reliantid.com

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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

For further information concerning this matter, please call:

Camille Duerr

at (404) 581-8542

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:

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. Reliant.MD Medical Associates PLLC

(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. Texas

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

3. 83-2754685

(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. 6500 River Place Blvd

(Street Address of Principal Office)

Building 4, Suite 102

Austin, TX 78730

6. 6500 River Place Blvd.

(Mailing Address)

Building 4, Suite 102

Austin, TX 78730

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TALLAHASSEE, FLORIDA

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

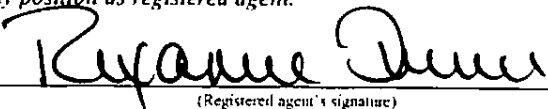
, Florida

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.


(Registered agent's signature)

Roxanne Turner
Asst. Vice President

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:**

☒ Manager Name: Mark H. Deemer
☐ Member Address: 6500 River Place Blvd
☒ Authorized Building 4, Suite 102
Person Austin, TX 78730
☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: Joseph Legere
☐ Member Address: 6500 River Place Blvd
☒ Authorized Building 4, Suite 102
Person Austin, TX 78730
☒ Other Legal ☐ Other

☐ Manager Name: Amy Altman
☐ Member Address: 6500 River Place Blvd
☒ Authorized Building 4, Suite 102
Person Austin, TX 78730
☒ Other COO ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other ☐ 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.

Mark H. Deemer

Signature of an authorized person

Typed or printed name of signer



Office of the Secretary of State

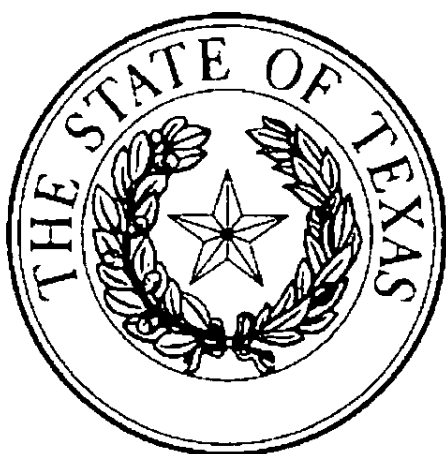
Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Reliant MD Medical Associates PLLC (file number 803180803), a Domestic Limited Liability Company (LLC), was filed in this office on December 06, 2018.

It is further certified that the entity status in Texas is in existence.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 06, 2019.



A handwritten signature in black ink, appearing to read "David Whitley".

David Whitley
Secretary of State