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Florida Department of State
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Fax Number : (770)220-1943

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

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**Foreign Limited Liability Company
Healthcare Vertical Group LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Y SCOTT
JUL 19 2019



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. Healthcare Vertical Group LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If none unvariable, 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. Delaware 84-1907938
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Upon qualification
(Date first transacted business in Florida, if prior to registration) (See sections 605.0904 & 605.0905, F.S. to determine priority liability)

5. 14201 W Sunrise Blvd 14201 W Sunrise Blvd
(Street Address of Principal Office) (Mailing Address)
#207 #207
Sunrise, FL 33323 Sunrise, FL 33323

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

Name: NRA1 Services, Inc.
Office Address: 1200 South Pine Island Road
Plantation 33324
(City) Florida (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)

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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 checked="" type="checkbox"/> Manager	Name: William Versosky	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 2 S. University Drive	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	Suite 321 Plantation, FL 33324	<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 _____

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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.

William Versosky
 Signature of an authorized person

William Versosky

 Typed or printed name of signer

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTHCARE VERTICAL GROUP LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HEALTHCARE VERTICAL GROUP LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF APRIL, A.D. 2019.

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

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TREASURER'S OFFICE, DELAWARE



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

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SR# 20196042874

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