

11/13/2020

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)288-0845

\*\*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  
FLORIDA CARE PARTNERS NORTH CENTRAL, LLC

Certificate of Status	0
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Page Count	04
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11/13/2020

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SBF  
11/18/20

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. Florida Care Partners North Central, 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. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)
3. 84-4992905 (FEI number, if applicable)

4. Upon filing
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0903, F.S. to determine penalty liability)

5. One Park Plaza (Street Address of Principal Office)
Nashville, TN 37203
6. P.O. Box 750 (Mailing Address)
Nashville, TN 37202

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.

C T Corporation System
By: Nathan Giffin (Registered agent's signature) Nathan Giffin - Asst Secretary

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: Florida Care Partners, LLC

Member                      Address: One Park Plaza

Authorized                      Nashville, TN 37203

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Title or Capacity:                      Name and Address:

Manager                      Name: Todd Eichelberger

Member                      Address: 6400 Sanger Road

Authorized                      Orlando, FL 32827

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager                      Name: Sid Clevinger

Member                      Address: 6400 Sanger Road

Authorized                      Orlando, FL 32827

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager                      Name: Kristin Dyer

Member                      Address: 101 N. Monroe St., Ste 801

Authorized                      Tallahassee, FL 32301

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.

W. Tedrick Johnson  
W Tedrick Johnson (Nov 10, 2020, 11:23:23 CST)

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Signature of an authorized person

W. Tedrick Johnson

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Typed or printed name of signer

# Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FLORIDA CARE PARTNERS NORTH CENTRAL, 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 THIRTEENTH DAY OF NOVEMBER, A.D. 2020.

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

11/13/20  
11:23:23  
CST



*Jeffrey W. Bullock*  
 \_\_\_\_\_  
 Jeffrey W. Bullock, Secretary of State

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SR# 20208386541

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

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Date: 11-13-20