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Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

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

Email Address: \_\_\_\_\_

Foreign Limited Liability Company  
PATIENT GUIDE SOLUTIONS, LLC

Please maintain original file date of 1/10/23 as seen on fax confirmation on next page. Thank you!

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2023 Jan 11 11:40

Electronic Filing Menu

Corporate Filing Menu

S. FRANKLIN

Help JAN 12 2023

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. Patient Guide Solutions, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Texas (Jurisdiction under the law of which foreign limited liability company is organized)
3. (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. 3710 W Royal Lane (Street Address of Principal Office) Suite 135 Irving, TX 75063
6. 3710 W Royal Lane (Mailing Address) Suite 135 Irving, TX 75063

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

Name: Capitol Corporate Services, Inc.
Office Address: 515 East Park Avenue 2nd Fl
Tallahassee, Florida 32301

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.

Taylor Seay Taylor Seay, Asst. Secretary on behalf of Capitol Corporate Services, Inc.
(Registered agent's signature)

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: Customized Communications, Inc.

Member Address: 3710 W Royal Lane

Authorized Suite 135

Person Irving, TX 75063

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

Title or Capacity: Name and Address:

Manager Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Authorized \_\_\_\_\_

Person \_\_\_\_\_

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

Manager Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Authorized \_\_\_\_\_

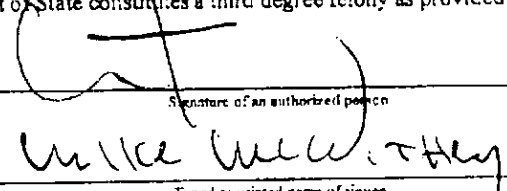
Person \_\_\_\_\_

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.

  
 \_\_\_\_\_  
 Signature of an authorized person  
 \_\_\_\_\_  
 Willie McWhorter  
 \_\_\_\_\_  
 Typed or printed name of signer

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Jose A. Esparza  
Deputy Secretary of State

### Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Patient Guide Solutions, LLC (file number 804761683), a Domestic Limited Liability Company (LLC), was filed in this office on October 04, 2022.

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

10112023

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 January 09, 2023.



A handwritten signature in black ink, appearing to read "Jose A. Esparza".

Jose A. Esparza  
Deputy Secretary of State