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JUN 27 2024 < Brumbley CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 500265 8451833

AUTHORIZATION :

COST LIMIT : \$ 125.0

ORDER DATE : June 14, 2024

ORDER TIME : 2:09 PM

ORDER NO. : 500265-010

CUSTOMER NO: 8451833

FOREIGN FILINGS

NAME: XO HEALTH ADMINISTRATORS LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER:

rellaction

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 005,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

I. XO Health Administra					
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability (Company," "L. L.C.," or "L.L.C.")		
f name mavailable, enter alternate i	name adopted for the purpose of transacting business in Fl	londa. The al	ternate name must include "Limited Liability Co	ompany," "L. L.C," or "LEC	
Delaware		,	99-1179174		
(Jurisdiction under the law of which foreign limited liability company is organized)		J. <u>.</u>	(FEI number, (Lapp	(FEI number, (Lapplicable)	
-	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	registration) ine penalty li	ability)		
555 Northpoint Center East, Suite 400			555 Northpoint Center East, Su		
treet Address of Principal Office)		U	(Mailing Address)		
Alpharetta, GA 30022		<i>,</i>	Alpharetta, GA 30022		
				<i>1</i> -2	
- 		_			
. Name and street addres	s of Florida registered agent: (P.O. Box	NOT ac	ceptable)	4.	
	Corporation Service Company			۵) دی	
Name:					
Office Address:	1201 Hays Street			.: 12: ;	
	Tallahassee		32301		
	(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 relatife to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company

By:

(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:	Title or Capacity:	Name and Address:
■Manager	Name: Swati Mathai	■Manager	Name: Matthew Fujisawa
□Member	Address: 555 Northpoint Center East	□Member	Address: 555 Northpoint Center East
□Authorized	Suite 400	□Authorized	Suite 400
Person	Alpharetta, GA 30022	Person	Alpharetta, GA 30022
■Other	■Other_CEO	■Other	□Other
■Manager	Steven LaPointe	□Manager	Name:
□Member	Address: 555 Northpoint Center East	□Member	Address:
□Authorized	Suite 400	□Authorized	
Person	Alpharetta, GA 30022	Person	
■Other Secretary	Other	□Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□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.

DocuSigned by:		
Matthew B. Fyisawa		
7BB21F7CE3C24D3	Signature of an authorized person	
Matthew Fujisawa		
	Typed or printed name of signee	



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "XO HEALTH ADMINISTRATORS 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 TWENTY-FIFTH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "XO HEALTH

ADMINISTRATORS LLC" WAS FORMED ON THE FIFTH DAY OF JANUARY, A.D.

2024.

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

A COLUMN TO THE PART OF THE PA

Authentication: 203794239

Date: 06-25-24