

**M17000005190**

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 : 120160000017  
Phone : (800) 345-4647  
Fax Number : (800) 432-3622

**FILED**  
2017 JUN 19 AM 9:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*\*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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**RECEIVED**  
2017 JUN 19 AM 9:08  
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TALLAHASSEE, FLORIDA

**Foreign Limited Liability Company  
THE HEALTH DIRECT GROUP, LLC**

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

**J. HARRIS**  
JUN 20 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

THE Health Direct Group, LLC  
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:

\_\_\_\_\_  
Name of Person

Capitol Services - Corporate Filings Team

\_\_\_\_\_  
Firm/Company

206 E. 9th St., Ste. 1300

\_\_\_\_\_  
Address

Austin TX 78701

\_\_\_\_\_  
City/State and Zip Code

jgordo@southcappartners.com

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

For further information concerning this matter, please call:

Kim Tadlock

\_\_\_\_\_  
Name of Contact Person

at ( 800 )

Area Code

345-4847

\_\_\_\_\_  
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:

☐ \$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:

- The Health Direct Group, LLC.  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")
- Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)
- 364732517  
(FEI number, if applicable)
- N/A  
(Data first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
- 444 Brickell Ave  
(Street Address of Principal Office)  
Suite 800, miami FL  
33131
- 444 Brickell Ave  
(Mailing Address)  
Suite 800, miami FL  
33131
- Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: Capitol Corporate Services, Inc.  
Office Address: 155 Office Plaza Dr Ste A  
Tallahassee, Florida 32301  
(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.

Kim Tadlock

Kim Tadlock, Asst. Secretary on behalf  
of Capitol Corporate Services, Inc.

(Registered agent's signature)

## 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<u>Jose Gordo</u>	<u>848 Brickell Key Dr., Apt 3205</u> <u>Miami, FL 33131</u>	<u>Manager</u>	

(Use attachments if necessary)

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)

Jose Gordo  
Signature of an authorized person

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.

JOSE GORDO

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE HEALTH DIRECT 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 SIXTEENTH DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE HEALTH DIRECT GROUP, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF AUGUST, A.D. 2011.

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



5026855 8300

SR# 20174803688

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line.

Authentication: 202726011

Date: 06-16-17

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