

MA000000/890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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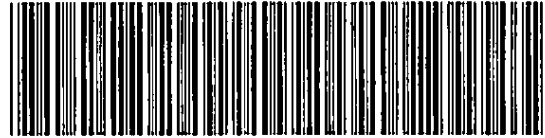
(Business Entity Name)

(Document Number)

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T. LEMIEUX  
FEB 10 2020

**MANNING FULTON**

*Attorneys*

MANNING FULTON & SKINNER P.A.  
DIAMOND VIEW II, SUITE 130  
280 S. MANGUM STREET  
DURHAM, NC 27701

EUGENE F. DAUCHERT  
PHONE: 919.787.8880  
DIRECT: 919-510-9286  
FAX: 919.325.4701  
DAUCHERT@MANNINGFULTON.COM

February 4, 2020

**VIA FEDERAL EXPRESS (850-245-6051)**

Florida Department of State  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

***Re: Application by Foreign Limited Liability Company for  
Authorization to Transact Business in Florida***

To the Clerk:


Enclosed please find the required Cover Letter and an original and one copy of the above Application which has been signed by Venk Lakshman, M.D., both in his capacity as the Manager/Member and as Registered Agent. Also enclosed is a Certificate of Fact dated as of January 10, 2020, issued by the Secretary of State of Texas, certifying that the Certificate of Formation of 3L Medical Management, LLC was filed in Texas on October 21, 2019. In addition, we enclose our check in the amount of \$125.00 for the \$100.00 filing fee and the \$25.00 Designation of Registered Agent fee. In addition, we have enclosed a stamped, self-addressed envelope for returning a filed stamped copy of the Application.

Please let us know if you have any questions about any of this or need any further information or documentation. You can reach us at 919-510-9286 or by email to [dauchert@manningfulton.com](mailto:dauchert@manningfulton.com).

Your prompt attention to this matter will be greatly appreciated.

Sincerely,

**Manning Fulton & Skinner, P.A.**



Eugene F. Dauchert, Jr.

EFD:bvf

Enclosures/check (1)

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 3L Medical Management, 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:

Eugene F. Dauchert, Esq.

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

Manning Fulton & Skinner, P.A.

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

Diamond View II, Suite 130, 280 South Mangum Street

\_\_\_\_\_  
Address

Durham, NC 27701

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

dauchert@manningfulton.com

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

For further information concerning this matter, please call:

Eugene Dauchert

919

510-9286

at (\_\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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:

1. 3L Medical Management, 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. January 1, 2020  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 850 Central Parkway East, Suite 350  
(Street Address of Principal Office)

6. 850 Central Parkway East, Suite 50  
(Mailing Address)

Plano, TX 75074

Plano, TX 75074

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

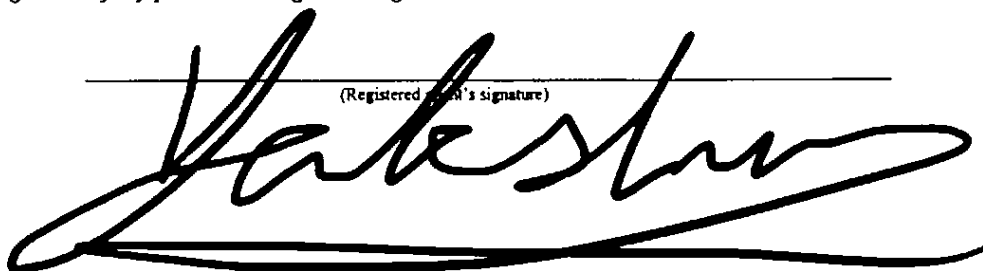
Name: Venk Lakshman, M.D.

Office Address: 5493 Wiles Road, Suite 106

Coconut Creek, Florida 33073  
(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.

(Registered agent's signature)  


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FLORIDA SECRETARY OF STATE

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: Venk Lakshman, M.D.

☒ Member              Address: 5493 Wiles Road

☐ Authorized              Coconut Creek, Florida 33073

Person              \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

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

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

☐ Authorized              \_\_\_\_\_

Person              \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

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

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

☐ Authorized              \_\_\_\_\_

Person              \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**

☒ Manager              Name: Rachana Lakshman

☐ Member              Address: 9101 Maria Luisa Place

☐ Authorized              Raleigh, NC 27617

Person              \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

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

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

☐ Authorized              \_\_\_\_\_

Person              \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

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

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

☐ Authorized              \_\_\_\_\_

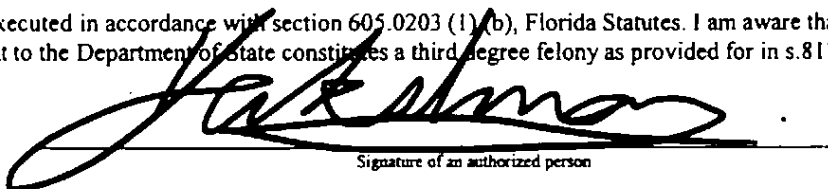
Person              \_\_\_\_\_

☐ 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

Venk Lakshman, M.D., Manager and Member

Typed or printed name of signer

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



Ruth R. Hughes  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for 3L Medical Management, LLC (file number 803454645), a Domestic Limited Liability Company (LLC), was filed in this office on October 21, 2019.

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

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 10, 2020.



A handwritten signature in black ink, appearing to read "Ruth R. Hughes".

Ruth R. Hughes  
Secretary of State

*Come visit us on the internet at <https://www.sos.texas.gov/>*

Phone: (512) 463-5555  
Prepared by: SOS-WEB

Fax: (512) 463-5709  
TID: 10264

Dial: 7-1-1 for Relay Services  
Document: 936323850003