

B170000000120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

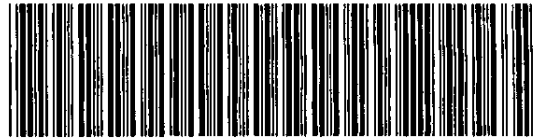
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

W17-27400 GP NOT Reg

Office Use Only



800296947028

03/27/17--01043--011 **1000.00

FILED

2017 MAY 18 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

MAY 18 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2017

JAN FISHBECK
B2X CARE SOLUTIONS, LP
100 GALLERIA PKWY, STE. 1500
ATLANTA, GA 30339

SUBJECT: B2X CARE SOLUTIONS, LP
Ref. Number: W17000027400

We have received your document for B2X CARE SOLUTIONS, LP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 617A00006161

Dear Sirs,

The additional filing is enclosed.
Should you have questions or require
additional information, please feel free
to contact me.

Best Regards,
Jan Fishbeck
678-213-2940

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **B2X Care Solutions, LP**

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Jan Fishbeck

Contact Person

B2X Care Solutions, LP

Firm/Company

100 Galleria Parkway, Suite 1500

Address

Atlanta, GA 30339

City, State and Zip Code

jan.fishbeck@barkawi.com

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

For further information concerning this matter, please call:

Jan Fishbeck

at (**678**) **213-2940**

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	<input type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status	<input type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy	<input type="checkbox"/> \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
--	---	---	---

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

FILED
2017 MAY 18 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. B2X Care Solutions, LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

B2X Care Solutions, Limited Partnership

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Delaware

State or Country of Formation

3. 3/21/11

Date of Formation

4. Federal Employer Identification Number: 45-1207032

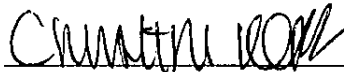
5. Name of Registered Agent for Service of Process and Florida Street Address:

CT Corporation System

1200 South Pine Island Road

Plantation, FL 33324

6. 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.



Christine Keim
Assistant Secretary

Signature of Registered Agent

7. Principal Office:

B2X Care Solutions, LP

100 Galleria Parkway, Suite 1500

Atlanta, GA 30339

8. Mailing Address:

Same

9. If limited partnership is a limited liability limited partnership, check box.

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: B2X Care Solutions, Inc.

Name of General Partner: _____

Street Address: 100 Galleria Parkway, Ste 1500

Street Address: _____

Atlanta, GA 30339

Mailing Address: 100 Galleria Parkway, Ste 1500

Mailing Address: _____

Atlanta, GA 30339

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

FILED

2017 MAY 18 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Page 1 of 2

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 22nd day of March, 2017.

Mike Landry

Digitally signed by Mike Landry
Date: 2017.03.22 17:02:13 -04'00'

Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

Page 2 of 2

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "B2X CARE SOLUTIONS LP" 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 EIGHTH DAY OF FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "B2X CARE SOLUTIONS LP" WAS FORMED ON THE TWENTY-FIRST DAY OF MARCH, A.D. 2011.

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

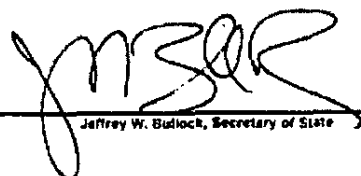
FILED
2017 MAY 18 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4959758 8300

SR# 20170694491

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 202007134

Date: 02-08-17