

B17000000229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

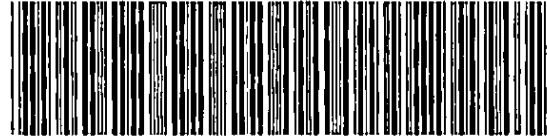
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W17-71829 ^{2ND} GP NOT Reg

Office Use Only



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TALLAHASSEE, FLORIDA

2017 SEP 27 PM 2:44

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2017 AUG 29 AM 8:11

TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: I Smart Healthcare 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:

Cristie Alden

Contact Person

I Smart Healthcare LP

Firm/Company

3381 Fairlane Farms Road

Address

Wellington, FL 33414

City, State and Zip Code

cristie@ismarthealthcare.com

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

For further information concerning this matter, please call:

Cristie Alden

at (954) 729-0563

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**

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CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

1. Smart Healthcare 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.

Smart Healthcare LP

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. Delaware3. 11/14/2016

State or Country of Formation

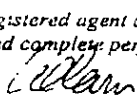
Date of Formation

4. Federal Employer Identification Number: 81-4711018

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

Registered Agent Solutions, Inc.155 Office Plaza Dr STE ATallahassee, FL 32301

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 complex performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Adam Saldana, Asst. Secretary

Signature of Registered Agent

7. Principal Office:

3381 Fairlane Farms RoadWellington, FL 33414

8. Mailing Address:

3381 Fairlane Farms RoadWellington, FL 334149. 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: Smart Healthcare LLC

Name of General Partner: _____

Street Address: 3381 Fairlane Farms Road

Street Address: _____

Wellington, FL 33414Mailing Address: 3381 Fairlane Farms Road

Mailing Address: _____

Wellington, FL 33414

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

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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.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 28 day of AUGUST, 20 17


Signature of a general partner

The individual signing this document affirms 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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "I SMART HEALTHCARE 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 TWENTY-FIFTH DAY OF AUGUST, A.D. 2017.

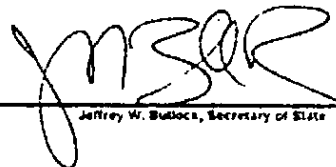
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CLERK OF COURT
DELAWARE



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SR# 20175888186

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


Jeffrey W. Bullock, Secretary of State

Authentication: 203119371

Date: 08-25-17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 31, 2017

CRISTIE ALDEN
I SMART HEALTHCARE LP
3381 FAIRLANE FARMS RD.
WELLINGTON, FL 33414

SUBJECT: I SMART HEALTHCARE LP
Ref. Number: W17000071829

We have received your document for I SMART HEALTHCARE 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: 217A00018078

ISMArt Healthcare/SUGRA

844-245-9973 Ext 223

954-729-0563 CELL

888-225-8238 FAX

2017 SEP 27 PM 1:50

TALLAHASSEE