

B20000000249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

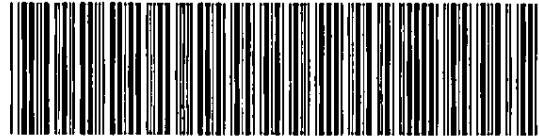
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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PERLMAN, BAJANDAS, YEVOLI & ALBRIGHT, P.L.  
ATTORNEYS AT LAW

November 10, 2020

*Sent via FedEx to:*

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

Re: Documents to be filed

Ladies and Gentlemen:

Enclosed to be filed please find the following documents:

**Mobile Medical Management, LLC**

1. Articles of Conversion for Mobile Medical Management, LLC (\$25.00);
2. State of Delaware Certificate of Conversion;
3. Application by Foreign LLC Company and Authorization to Transact Business in Florida (\$125.00);
4. State of Delaware Certificate of Formation; and
5. Check No. 3263 in the amount of \$150.00.

**Premier Healthcare Centers, LP**

1. Articles of Conversion for Premier Healthcare Centers, LP (\$25.00);
2. State of Delaware Certificate of Conversion;
3. Application by Foreign Limited Partnership to Transact Business in Florida (\$1,000.00);
4. State of Delaware Certificate of Formation; and
5. Check No. 3261 in the amount of \$1,025.00.

**Premier Mobile Health Solutions, LLC**

1. Articles of Conversion for Premier Mobile Health Solutions, LLC (\$35.00);
2. State of Delaware Certificate of Conversion;
3. Application by Foreign LLC Company and Authorization to Transact Business in Florida (\$125.00);
4. State of Delaware Certificate of Formation; and
5. Check No. 3262 in the amount of \$160.00.

P | B | Y | & | A

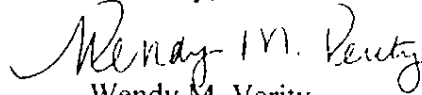
200 SOUTH ANDREWS AVENUE, SUITE 600 | FORT LAUDERDALE, FLORIDA 33301 | T 954.566.7117 | F 954.566.7115

283 CATALONIA AVENUE, 2ND FLOOR | CORAL GABLES, FLORIDA 33134 | T 305.377.0086 | F 305.377.0781

Please file conversion documents and foreign qualification documents contemporaneously.

Please let us know if you have any questions or concerns.

Sincerely,

A handwritten signature in cursive script that reads "Wendy M. Verity".

Wendy M. Verity  
Legal Assistant

:wmv  
enclosures

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

1. Premier Healthcare Centers, 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.*

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. 11/5/2020

Date of Formation

4. Federal Employer Identification Number: 36-4928158

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

Steve Leykind

4330 Sheridan St. 201B

Hollywood, FL 33021

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.*

  
Signature of Registered Agent

7. Principal Office:

4330 Sheridan St. 201B

Hollywood, FL 33021

8. Mailing Address:

4330 Sheridan St. 201B

Hollywood, FL 33021

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: PHCGP, LLC

4330 Sheridan St. 201B

Street Address: Hollywood, FL 33021

Mailing Address: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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 10th day of November, 2020

PHCGP, LLC

By: \_\_\_\_\_

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.

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

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "PREMIER HEALTHCARE CENTERS, 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 FIFTH DAY OF NOVEMBER, A.D. 2020.



4063400 8300

SR# 20208204625

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 "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204020372

Date: 11-05-20