

B21000000106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

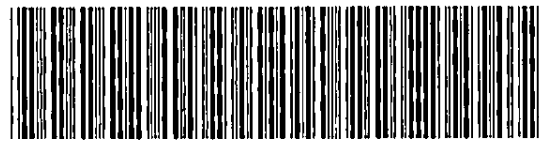
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

W21000030523

Office Use Only



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2021 MAR 15 PM 2:06

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CLERK OF DISTRICT COURT

US
3/16/21

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 690864 8189248

AUTHORIZATION

COST LIMIT : \$ 1,000.00

ORDER DATE : March 4, 2021

ORDER TIME : 12:30 PM

ORDER NO. : 690864-005

CUSTOMER NO: 8189248

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2021 MAR 15 PM 4:54
STATE
TALLAHASSEE, FL

FOREIGN FILINGS

NAME: MTS HEALTH PARTNERS, L.P.

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER: _____

FILE 2ND



FLORIDA DEPARTMENT OF STATE
Division of Corporations

15 MAR 2:07

15

March 5, 2021

RESUBMIT

Please give original
submission date as file date.

CSC

SUBJECT: MTS HEALTH PARTNERS, L.P.
Ref. Number: W21000030523

We have received your document for MTS HEALTH PARTNERS, L.P. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name and business address of each general partner. (Note: All non-individual general partners must have an active registration with the Florida Dept. of State.)

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.

Yvette Scott
Document Specialist II

Letter Number: 621A00004714

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MTS Health Partners, L.P.

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:

Dennis Conroy

Contact Person

MTS Health Partners, L.P.

Firm/Company

623 Fifth Avenue, 14th Floor

Address

New York, NY 10022

City, State and Zip Code

Conroy@mtspartners.com

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

For further information concerning this matter, please call:

Jay Palma

at (646) 975-6560

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$1,000.00 Filing Fee
(\$965 Filing Fee and
\$35 Registered Agent
Fee)
☐ \$1,008.75 Filing Fees
and Certificate of
Status
☐ \$1,052.50 Filing Fees
and Certified Copy
☐ \$1,061.25 Filing Fee,
Certified Copy, and
Certificate of Status

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

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STATE
TALLAHASSEE, FL

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

1. MTS Health Partners, L.P.

(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. 01/01/2008

Date of Formation

4. Federal Employer Identification Number: 75-3263634

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

Corporation Service Company

1201 Hays Street

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

Signature of E. Blum

Signature of Registered Agent

7. Principal Office:

623 Fifth Avenue, 14th Floor

New York, NY 10022

8. Mailing Address:

623 Fifth Avenue, 14th Floor

New York, NY 10022

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: MTS Health Partners GP LLC

Name of General Partner: _____

Street Address: 623 Fifth Avenue, 14th Floor

Street Address: _____

New York, NY 10022

Mailing Address: 623 Fifth Avenue, 14th Floor

Mailing Address: _____

New York, NY 10022

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

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

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

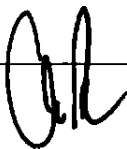
11. Effective date, if other than the date of filing: _____

(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 3rd day of March, 2021



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, E.F. 454

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

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Delaware

The First State

Page 1


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MTS HEALTH PARTNERS, L.P." 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 FOURTH DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MTS HEALTH PARTNERS, L.P." WAS FORMED ON THE FIFTH DAY OF DECEMBER, A.D. 2007.

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

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2021 MAR 15 PM 4:54
DELAWARE STATE
SECRETARY OF STATE




Jeffrey W. Bullock, Secretary of State

4466277 8300

SR# 20210793834

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

Authentication: 202648737

Date: 03-04-21