

F1800002241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

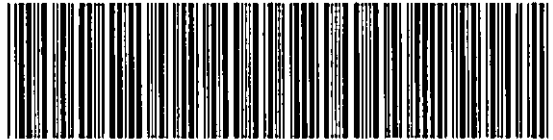
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Penalty W18-38442

Office Use Only



200311697562

04/16/18--01043--032 **70.00

RECEIVED

APR 16 2018

05/11/18--01001--005 **650.00

FILED
18 MAY 10 PM 4:25
HALL COUNTY CLERK'S OFFICE
GAINESVILLE, FLORIDA

SIMMONS
MAY 11 2018

FLDOS - \$650



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 24, 2018

TAX DEPARTMENT
JESSICA GRAZIANO
1010 N 102ND ST, #300
OMAHA, NE 68114

SUBJECT: MEDICAL SOLUTIONS PARENT HOLDINGS, INC.
Ref. Number: W18000038442

We have received your document for MEDICAL SOLUTIONS PARENT HOLDINGS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$650.00.

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

Octavia L Simmons
Regulatory Specialist III

Letter Number: 318A00008373

500 penalty
150 annual report

RECEIVED
MAY 10 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medical Solutions Parent Holdings, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Tax Department

Name of Person

Medical Solutions, L.L.C.

Firm/Company

1010 N 102nd St #300

Address

Omaha, NE 68114

City/State and Zip code

taxes@medicalsolutions.com

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

For further information concerning this matter, please call:

Jessica Graziano

402

986-5100

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER 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

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|--|--|---|---|

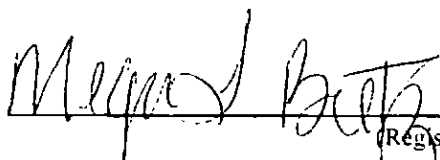
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Medical Solutions Parent Holdings, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 82-1550887
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 5/1/17 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. holding company - 6/14/17
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1010 N 102nd St #300, Omaha, NE 68114
(Principal office address)
- _____ (Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Corporation Service Company
- Office Address: 1201 Hays Street
- Tallahassee, Florida 32301
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.



Megan L. Bretz/Assistant Secretary

(Registered agent's signature)

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

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Matthew Hobart

Address: 345 California St, Ste 3300

San Francisco, CA 94104

Director: Shamik Patel

Address: 345 California St, Ste 3300

San Francisco, CA 94104

B. OFFICERS

President: Craig Meier

Address: 1010 N 102nd St #300

Omaha, NE 68114

Vice President: Michael J. Polcyn

Address: 1010 N 102nd St #300

Omaha, NE 68114

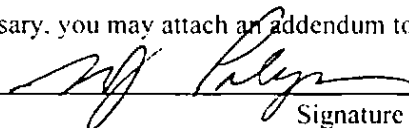
Secretary: Michael J. Polcyn

Address: 1010 N 102nd St #300, Omaha, NE 68114

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.  _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she 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.

13. Michael J. Polcyn, CFD, Sec, VP

(Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "MEDICAL SOLUTIONS PARENT HOLDINGS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE FIRST DAY OF MAY, A.D. 2017, AT 2:47 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "MCDERMOTT HOLDINGS, INC." TO "MEDICAL SOLUTIONS PARENT HOLDINGS, INC.", FILED THE FIFTEENTH DAY OF MAY, A.D. 2017, AT 8:22 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION, "MEDICAL SOLUTIONS PARENT HOLDINGS, INC."

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.



6397522 8310

SR# 20180503708

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202102568

Date: 02-06-18

Delaware

The First State

Page 2

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDICAL
SOLUTIONS PARENT HOLDINGS, INC." WAS INCORPORATED ON THE FIRST
DAY OF MAY, A.D. 2017.

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



6397522 8310

SR# 20180503708

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

A handwritten signature in black ink, appearing to read "JW Butts", is written over a horizontal line. Below the line, the text "Jeffrey W. Butts, Secretary of State" is printed.

Authentication: 202102568

Date: 02-06-18