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(((H20000098451 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

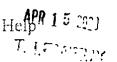
••Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

F 1	Addrass			

FOREIGN PROFIT/NONPROFIT CORPORATION LEVEL 2 MEDICAL SERVICES, P.A.

Certificate of Status	0
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H20000098451 3 APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT

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	rporation; must include "INCO		<u></u>		
	rp," "Inc," "Co," or "Corp.")	RPORATED," "CC	OMPANY," "CORPORATI	ON,"	
LEVEL 2 MED	ICAL SERVICES, P.A., a Prof	essional Corporation			
(If name unavaila	ble in Florida, enter alternate co	orporate name adopti	ed for the purpose of transac	ting business in Flo	rida)
DELAWARE		3		003916	
(State or country	under the law of which it is in		(FEI number, if	applicable)	
MARCH 4, 2020)	5.			
(Date of incorporation)		(Date of duration, if other than perpetua			
	(Date first transactions (SEE SECTIONS 607.	ted business in Flor 1501 & 607.1502, F	ida, if prior to registration) .S., to determine penalty liab	oility)	
	17 RONALD) REAGAN DRIVE	PARKERSBURG, WV 26	101	
		(Principal office str	eet address)		
	5995 OPUS	PARKWAY, MN08	2, MINNETONKA, MN 5	5343	
	((Current mailing add	lress, if different)		
					ii
Name and stree	<u>t address</u> of Florida registere	ed agent: (P.O. Bo	x <u>NOT</u> acceptable)	1	· · · · ·
Name:	Corporation Service Compar	ny			
ffice Address:	1201 Hays Street		•		
	Tallahassee		, Florida <u>32301</u>	် မော မော	
	(City)		(Zip code)		
lesignated in this urther agree to c	,	t the appointment f all statutes relativ	(Zip code) fprocess for the above sta as registered agent and a we to the proper and comp	w ited corporation a gree to act in this	сара
C	orporation Service Compa	anv			
	orboration pervice combe	^··· J			

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.

(Registered agent's signature)

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∺20000098451 3

CIChairman Vice Chairman Director President Vice President Secretary	DR. DAVID R. FERRELL 17 Ronald Reagan Drive. Parkersburg, WV 26101 ClTreasurer	□Vice Chairman Address □Director □President	E3Treasurer
Other CFO	□Other	CIOther	□Other
Chairman Vice Chairman CiDirector President Vice President Secretary	☐ Treasurer	□Vice Chairman Address □Director □President □Vice President	☐ Treasurer
or one control	LIOUIS	□Other	C)Other
OChairman OVice Chairman ODirector OPresident	Name:Address:	☐ Vice Chairman Address ☐ Director	;
I Vice President			
DSecretary	Treasurer	☐ Secretary	⊟Ttessurer
Other	□Other	□Other	□Other

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.

... DR. DAVID R. FERRELL, PRESIDENT

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LEVEL 2 MEDICAL SERVICES, P.A." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF MARCH,

A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LEVEL 2 MEDICAL SERVICES, P.A." WAS INCORPORATED ON THE FOURTH DAY OF MARCH, A.D. 2020.

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

7884102 8300 SR# 20202361654

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

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Date: 03-25-20

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April 9, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CSC

SUBJECT: LEVEL 2 MEDICAL SERVICES, P.A.

REF: W20000036271

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

ON LINE 1 KEEP THE NAME HOW IT IS IN THE HOME STATE AND ON THE LINE UNDERLINE 1 WHERE THE ALTERNATE NAME GOES PLEASE PUT THE ENTITY NAME AND SUFFIX THERE,

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) 245-6052.

Tacarri K Glass FAX Aud. #: H20000098451 Regulatory Specialist II Letter Number: 520A00007615