# F21000001684

(Requestor's Name)				
(Address)				
(/	Address)			
(0	City/State/Zip/Phone #)			
PICK-UP	MAIL MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

Office Use Only



800371409878

08/12/21--01028--009 \*\*78.75







August 11, 2021

#### VIA FEDEX #7744 7992 2358

Florida Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Telephone: (850) 245-6051

Re: Foreign Entity Filing Request for PruittHealth Construction Services, LLC

Dear Sir or Madam:

Enclosed, please find a completed, signed copy of the foreign entity filing for Pruitt Health Construction Services, LLC. Also, enclosed is a Certificate of Good Standing, certified copy from 11 the Georgia Secretary of State, and a check in the amount of \$78.75 for the filing fees.

Please also see an enclosed FedEx label to return the filed documents once the foreign entity registration has been approved.

Please feel free to contact me if you have any questions or concerns.

Sincerely,

Olga V. Bjelkic Corporate Paralegal

objelkic@pruitthealth.com

Olge V. BilkiT

Direct: (678) 358 - 1251

Enclosures

### **COVER LETTER**

	egistration Section Division of Corporations					
SUBJEC	PruittHealth Construction Service	ces, LLC				
SODJEC		corporation -	must include suffix			
Dear Sir o	or Madam:					
"Certifica	osed "Application by Foreign Corpute of Existence," or "Certificate of erenced foreign corporation to tran	Good Standi	ng" and check are submitte			,
Please ret	urn all correspondence concerning	this matter to	the following:			
Olga Bjell	kic, Corporate Paralegal			رم ا	~ <u>`</u>	
PruittHeal	lth, Inc	Name of Pe	erson	ECRET	7921 AUS	77
1626 Jeury	gens Court, Legal Dept.	Firm/Compa	any	NEX OF	12 PM	m
Norcross.	GA 30092	Address		STATE	3: [+	
legalservio	ces@pruitthealth.com	City/State and	l Zip code			
	E-mail address: (	to be used for	future annual report notifi	cation)		
For furthe	er information concerning this matt	ter, please cal	1:			
Olga Bjelkic		678	358-1251			
7	Name of Person	Area Code	Daytime Telephone	Number		
R D T 2-	TREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDR Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 32	n rations		
Please mal	is a check for the following amount the check payable to: FLORIDA DEP  Filing Fee \$78.75 Filing I Certificate of	ARTMENT C		\$87.50 Fil Certificate Certified (	of St	

# 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.

PruittHealth Cor	nstruction Services, LLC		
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	." "COMPANY." "CORPORATIC	".И
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacti	ng business in Florida)
<sub>2</sub> Georgia	3	26-0542473	
	y under the law of which it is incorporated)	ed) (FEI number, if applicable)	
4 07/06/2007	5		
1.	of incorporation)	(Date of duration, if other	than perpetyal)
6.	•		170 SEC
7. 1626 Jeurgens Co	(SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 502, F.S., to determine penalty liabi	US 12 PM
1626 Journage Co	ourt, Legal Dept., Norcross, GA 30093	nec <u>street</u> address;	الباري دي 🍑
Todo Jeurgena Ce		ng address, if different)	
8. Name and stree	et address of Florida registered agent: (P.		1
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.

Roxanne Turner
Asst. Vice President

(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.

A. DIRECTORS						
Chairman	Neil L. Pruitt, Jr.	□Chairman	Name:			
□ Vice Chairman	Address:	□ Vice Chairman	Address:			
□Director	Norcross, GA 30093	□Director				
President		□President				
□ Vice President		□ Vice President				
Secretary	Treasurer	☐ Secretary	□Treasurer			
Other CEO	Other	□Other	Other			
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President	202 SEC			
□Vice President		☐Vice President	AND TO			
□Secretary	□Treasurer	☐ Secretary	Treasurer P			
□Other	Other	Other	Other T			
			<u> </u>			
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□ Vice Chairman	Address:			
Director		□Director				
□President		President				
□Vice President		□Vice President				
Secretary	☐Treasurer	☐ Secretary	Treasurer			
Other	Other	□Other	Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Plorida Department of State Annual Report form.						
Signature of Director or Officer						
	ctor signing this document (and who is listed in numbalse information submitted in a document to the Depart					

Control Number: 07055965

# STATE OF GEORGIA

## Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### PRUITTHEALTH CONSTRUCTION SERVICES, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 21771412
Date Inc/Auth/Filed: 07/06/2007
Jurisdiction : Georgia
Print Date : 08/11/2021

Form Number : 211

7776 1776

Brad Rafforeger

Brad Raffensperger Secretary of State