

M0400000 3057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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W04-26926



000038329530

07/30/04--01019--016 **55.00

07/12/04--01068--006 **70.00

FILED
04 JUL 30 AM 9:20
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Correct Care Solutions, LLC

(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", 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:

Jackie Hester

(Name of Person)

Correct Care Solutions, LLC

(Firm/Company)

3343 Perimeter Hill Drive, Suite 200

(Address)

Nashville, TN 37211

(City/State and Zip code)

For further information concerning this matter, please call:

Jackie Hester

(Name of Person)

at (615) ⁵⁹⁰ ~~591~~-1257

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

FILED
04 JUL 30 AM 9:20
TALLAHASSEE, FLORIDA
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 14, 2004

JACKIE HESTER
3343 PERIMETER HILL DRIVE STE. 200
NASHVILLE, TN 37211

SUBJECT: CORRECT CARE SOLUTIONS, LLC
Ref. Number: W04000026926

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

There is a balance due of \$55.00.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 804A0004487

FILED
04 JUL 30 AM 9:20
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Correct Case Solutions, LLC
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Jackie Hester
(Name of Person)

Correct Case Solutions, LLC
(Firm/Company)

3343 Perimeter Hill Drive, Suite 200
(Address)

Nashville, TN 37211
(City/State and Zip Code)

For further information concerning this matter, please call:

Jackie Hester at (615) 590-1257
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
04 JUL 30 AM 9:20
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Correct Care Solutions, LLC
(Name of Foreign Limited Liability Company)
2. Tennessee
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 32-0092573
(FEI number, if applicable)
4. August 26, 2003
(Date of Organization)
5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 3343 Perimeter Hill Drive, Suite 200
Nashville, TN 37211
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒
9. The name and usual business addresses of the managing members or managers are as follows:

Gerard Boyle, President + CEO
3343 Perimeter Hill Drive, Suite 200
Nashville, TN 37211

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: To provide comprehensive
Healthcare Services to the inmate population of the State of Florida

Gerard Boyle
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(5), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Gerard Boyle, President + CEO
Typed or printed name of signee

FILED
04 JUL 30 AM 9:20
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Connect Care Solutions, LLC

2. The name and the Florida street address of the registered agent and office are:

Jon Bosch

(Name)

5860 NE 14th Way

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Ft. Lauderdale

FL

33334

City/State/Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUL 30 AM 9:20

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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Jon Bosch

(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 06/28/2004
REQUEST NUMBER: 04180007
TELEPHONE CONTACT: (615) 741-6488
CHARTER/QUALIFICATION DATE: 08/27/2003
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0452937
JURISDICTION: TENNESSEE

TO:
CORRECT CARE SOLUTIONS, LLC
ATN: J HESTER, STE 200
3343 PERIMETER HILL
NASHVILLE, TN 37211

REQUESTED BY:
CORRECT CARE SOLUTIONS, LLC
ATN: J HESTER, STE 200
3343 PERIMETER HILL
NASHVILLE, TN 37211

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"CORRECT CARE SOLUTIONS, LLC"

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF
FORMATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID;
THAT THE MOST RECENT LIMITED LIABILITY ANNUAL REPORT REQUIRED HAS BEEN FILED;
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

FOR: REQUEST FOR CERTIFICATE

ON DATE: 06/28/04

FROM:
CORRECT CARE SOLUTIONS-KANSAS, LLC
3343 PERIMETER HILL
SUITE 200
NASHVILLE, TN 37211-0000

RECEIVED: FEES \$20.00 \$0.00
TOTAL PAYMENT RECEIVED: \$20.00

RECEIPT NUMBER: 00003544695
ACCOUNT NUMBER: 00447836



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE