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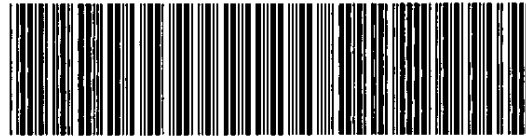
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2011 AUG 30 PM 12:15
CLERK OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

AUG 31 2011

EXAMINER

RevMD Partners, LLC
1111 Pasquinelli Drive, Ste. 400
Westmont, IL 60559

State of Florida
FL Reg Section Division of Corporations
2661 Executive Center Circle, Clifton Building
Tallahassee, FL 32301

RE: **RevMD Partners, LLC**

To Whom It May Concern:

Enclosed you will find our completed application.

Please mail all correspondence to:

Nick DiGiovanni, III
RevMD Partners, LLC
1111 Pasquinelli Drive, Ste. 400
Westmont, IL 60559

If you have any questions regarding this application, please contact:

Nick DiGiovanni, III
RevMD Partners, LLC
Phone: (855) 896-9990
Fax: (630) 749-4292
Email: nickIII@revmdpartners.com

Enclosures

ND/ab

FILED
2011 AUG 30 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RevMD Partners, 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:

Nick DiGiovanni, III

Name of Person

RevMD Partners, LLC

Firm/Company

1111 Pasquinelli Drive, Ste. 400

Address

Westmont, IL 60559

City/State and Zip Code

nickIII.digiovanni@revmdpartners.com

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

For further information concerning this matter, please call:

Nick DiGiovanni, III

Name of Person

at (855)

896-9990

Area Code & Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

FILED
AUG 30 PM 2:15
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**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. RevMD Partners, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

N/A

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Illinois 3. 61-1646748
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 03/01/2011 5. Perpetual
(Date of Organization) (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. 1111 Pasquinelli Drive, Ste. 400, Westmont, IL 60559
(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:

Nick John DiGiovanni, III, 1111 Pasquinelli Drive, Ste. 400, Westmont, IL 60559

Nick John DiGiovanni, Jr., 1111 Pasquinelli Drive, Ste. 400, Westmont, IL 60559

Timothy Walsh McCarthy, 1111 Pasquinelli Drive, Ste. 400, Westmont, IL 60559

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: _____

Debt Collection

Angela Butera, attorney-in-fact
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

Angela Butera, Attorney-in-Fact
Typed or printed name of signee

FILED
2011 AUG 30 PM 12:18
CLERK OF STATE
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:

RevMD Partners, LLC

If unavailable, the alternate to be used in the state of Florida is:

N/A

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

C T Corporation System

(Name)

1200 South Pine Island Road

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

Plantation FL 33324

City/State/Zip

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.

C T Corporation System

By: Jeanne Nelson

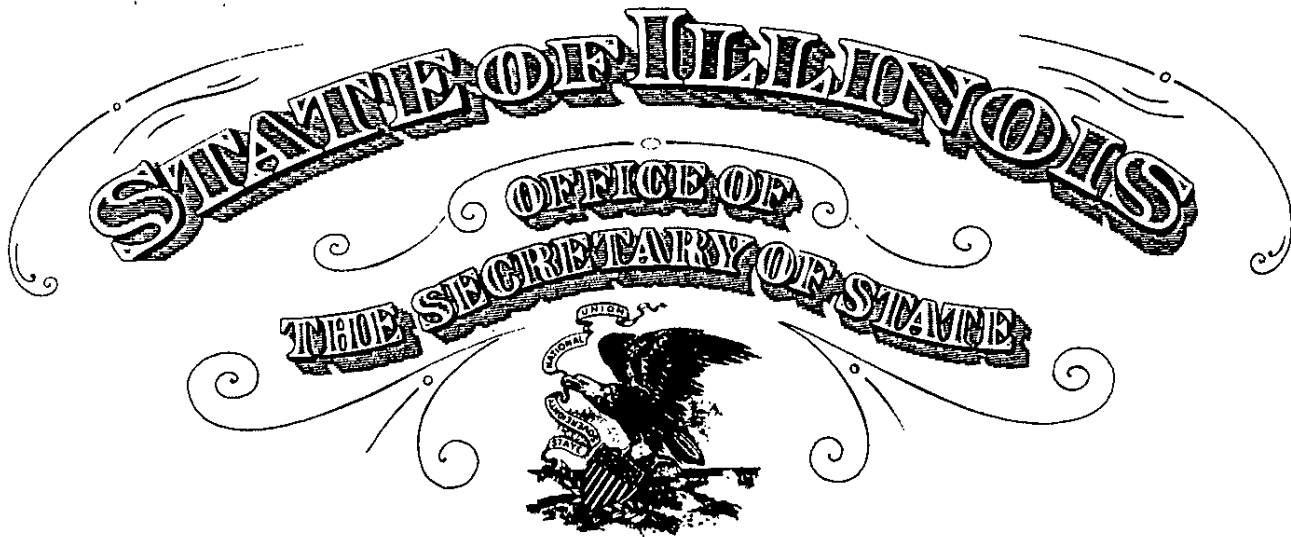
(Signature)

Jeanne Nelson
Assistant Secretary

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

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AUG 30 PM 2:16
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

File Number 0358227-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

REVMD PARTNERS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 14, 2011, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 17TH day of AUGUST A.D. 2011

Jesse White

Authentication #: 1122902108

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE

Collectors Insurance Agency, Inc.
Power of Attorney

NOTICE IS HEREBY GIVEN THAT RevMD Partners, LLC, ("Entity") an entity organized under the laws of Illinois, does hereby appoint Robin Buendiger, Angela Butera, Lisa M. Eubanks and Janis St. Martin while employed by Collectors Insurance Agency, Inc. as attorney-in-fact for the entity to act for the entity and affiliates and subsidiaries of the entity attached hereto as Exhibit A, specifically organized herein by reference ("the Subsidiaries") in the Entities' and Subsidiaries' names for the limited purposes authorized herein.

The Entity and Subsidiaries, having taken all necessary steps to authorize the changes, hereby grants it's attorney-in-fact the power to execute the documents necessary to file qualifications, certificates of authority, registrations, business registrations, licenses, permits and forms of similar import on behalf of the Entity and Subsidiaries in any state, jurisdiction, the District of Columbia and Puerto Rico.

This Power of Attorney expires when revoked by the Entity or Affiliates or Subsidiaries.

IN WITNESS WHEREOF, the undersigned have executed this Power of Attorney on the 17 day of August, 2011.



Signature of Authorized Entity Representative

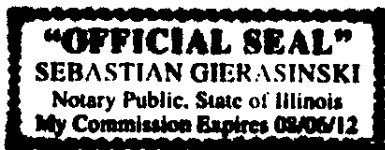
Nick DiGiovanni III, Managing Partner

Print Name and Title

MANAGING PARTNER

Sworn to and subscribed before me
this 17 of August, 2011.

Notary Public, State of IL
Commission Expires: 8/6/12



FILED
AUG 30 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA