

M13000002444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

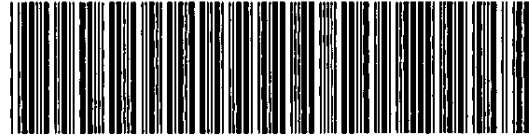
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/28/13--01025--020 **160.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 APR 16 PM 3:11

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W13-18315



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 29, 2013

SAM BAILEY
308 WALLICK DRIVE
COTTER, AR 72626

SUBJECT: RENEW SPINAL CARE, LLC
Ref. Number: W13000018315

We have received your document for RENEW SPINAL CARE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own manager or managing member. Please designate an individual or another business entity as your manager(s) or managing member(s).

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 413A00007448

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Renew Spinal Care, 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:

Dr. Sam Bailey, PhD.

Name of Person

Renew Spinal Care, LLC

Firm/Company

308 Wallick Drive

Address

Cotter, Arkansas 72626

City/State and Zip Code

drsambailey@yahoo.com

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

SECRETARY OF STATE
TALLAHASSEE, FL 32301

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For further information concerning this matter, please call:

Dr. Sam Bailey

Name of Person

214

at

864-9774

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

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

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

1. Renew Spinal Care, LLC

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

(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. Texas

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-1350666

(FEI number, if applicable)

4. 11-08-2012

(Date of Organization)

5. Perpetual

(Duration: Year limited liability company will cease to exist or "perpetual")

6.

3-22-13

(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. RENEW SPINAL CARE, LLC

2000 BEACH PLAZA #701, ST. PETE BEACH, FL 33706

(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:

~~Renew Spinal Care, LLC~~

JOE S. BAILEY

308 Wallick Drive

Cotter, Ark. 72626

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: Assist local physician with scheduling of spine care patients

Joe S. Bailey
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.)

JOE S. BAILEY

Typed or printed name of signee

**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:

Renew Spinal Care, LLC

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

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

JOE S. BAILEY

(Name)

7000 BEACH PLAZA #701

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

ST. PETER BEACH, FL 33706

City/State/Zip

SECRETARY OF STATE
TREASURY DEPARTMENT
FIDELITY INVESTMENT

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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.

Joe S. Bailey

(Signature)

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

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



John Steen
Secretary of State

Office of the Secretary of State

April 09, 2013

A search of our records reveals the following information for the entity record selected.

Entity Name: Renew Spinal Care LLC
Entity Type: Domestic Limited Liability Company (LLC)
Jurisdiction: TEXAS, USA
File Number: 801681279
Formation File Date: November 08, 2012 Effective: November 08, 2012

The status of the entity is in existence.

The name and address of the registered agent and office in Texas is:

BENENATI LAW
2816 BEDFORD ROAD
BEDFORD, TX 76021
USA

The entity recorded the following assumed name(s) with this office:

The entity has not recorded any assumed name certificates with this office.

The management information from our computer records lists:

SAM J BAILEY
MANAGING MEMBER

308 WALLICK DRIVE
COTTER, AR 72626
USA