

M14000002823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

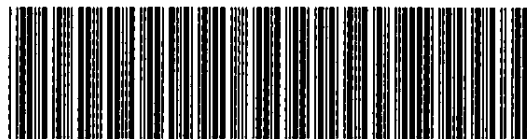
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W14-22584

Office Use Only



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TALLAHASSEE, FLORIDA

APR 25 2014

J. BRUCE

# licenseologix

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April 17, 2014

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

Re: **Application by Foreign LLC for Authorization to Transact Business In Florida**  
**Encore Health Resources, LLC**  
**Ref. Number: W14000022584**

To Whom It May Concern:

Enclosed please find a **Application by Foreign LLC for Authorization to Transact Business In Florida** that was completed for our client, **Encore Health Resources, LLC**. Once the application has been processed, please forward evidence of approval to the mailing address on the application.

If there is any issue, or if you require any further information, please do not hesitate to contact me.

Thank you,

**Mary Dubitsky**  
LicenseLogix  
150 Grand Street, 4th Floor  
White Plains, NY 10601  
mdubitsky@licenseologix.com  
(800) 292-0909 x302

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 9, 2014

MARY DUBITSKY  
150 GRAND ST. 4TH FLOOR  
WHITE PLAINS, NY 10601

SUBJECT: ENCORE HEALTH RESOURCES, LLC  
Ref. Number: W14000022584

We have received your document for ENCORE HEALTH RESOURCES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 414A00007600

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 APR 22 PM 3:29

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Encore Health Resources, 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:

**Mary Dubitsky**

Name of Person

**LicenseLogix, LLC**

Firm/Company

**150 Grand St. 4th Floor**

Address

**White Plains NY 10601**

City/State and Zip Code

**mdubitsky@licenselogix.com**

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

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TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

**Mary Dubitsky**

Name of Contact Person

at ( **800** )

Area Code

**292-0909 x302**

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  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. **Encore Health Resources, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC")

2. **Texas**

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

3. \_\_\_\_\_

(FEI number, if applicable)

4. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. **1331 Lamar St. Suite 1180**

**Houston TX 77010**

(Street Address of Principal Office)

6. **PO Box 3109 #24350**

**Houston TX 77253**

(Mailing Address)

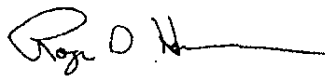
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

**Joe Boyd, Officer** 1331 Lamar St. Suite 1180 Houston TX 77010

**Ivo Nelson, Officer** 1331 Lamar St. Suite 1180 Houston TX 77010

**Thomas Niehaus, President,** 1331 Lamar St. Suite 1180 Houston TX 77010

8. 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)



Digitally signed by Roger Huseman  
DN: cn=Roger Huseman, o=Encore Health Resources,  
LLC, ou=Legal,  
email=RHuseman@encorehealthresources.com, c=US  
Date: 2014.04.01 14:46:04 -05'00'

Signature of an authorized person

(In accordance with section 605.0203, 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.)

**Roger Huseman**

Typed or printed name of signer

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DEPT OF STATE  
TALLAHASSEE FLORIDA

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

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

**Encore Health Resources 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:

**Incorp Services Inc.**

(Name)

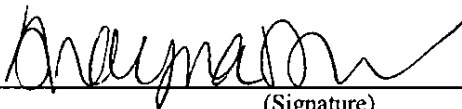
**17888 67<sup>th</sup> Court North**

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

**Loxahatchee FL 33470**

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 605, Florida Statutes.*



(Signature)

\$ 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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TALLAHASSEE FLORIDA



Nandita Berry  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Encore Health Resources, LLC (file number 801076608), a Domestic Limited Liability Company (LLC), was filed in this office on January 20, 2009.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name  
officially and caused to be impressed hereon the Seal of  
State at my office in Austin, Texas on January 17, 2014.

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2014 APR 22 PM 3:30  
CLERK OF STATE  
SALLAHASSE FLORENCE



*Nandita Berry*

Nandita Berry  
Secretary of State