

M/4 000005730

(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:

Office Use Only



000262983070

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2014 AUG 11 PM 12:58  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
14 AUG 11 AM 9:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 12 2014

T. HAMPTON

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE: 8/11/14**

**NAME: FORT MYERS CREEKSIDE MANAGERS, LLC**

**TYPE OF FILING: APPLICATION**

**COST: 155.00**

**RETURN: CERTIFIED COPY PLEASE**

---

**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*PDH*

---

*\* File First \**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FORT MYERS CREEKSIDE MANAGERS, 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:

STEPHANIE TOLIVER

Name of Person

FORT MYERS CREEKSIDE MANAGERS, LLC

Firm/Company

5910 N. CENTRAL EXPRESSWAY, SUITE 1000

Address

DALLAS, TEXAS 75206

City/State and Zip Code

ST@HEALTHCAPPARTNERS.COM

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

For further information concerning this matter, please call:

STEPHANIE TOLIVER

Name of Person

at ( 214 )

Area Code

953-1722

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. FORT MYERS CREEKSIDE MANAGERS, 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. 47-1524161

(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. 5910 N. CENTRAL EXPRESSWAY, SUITE 1000

DALLAS, TEXAS 75206

(Street Address of Principal Office)

6. 5910 N. CENTRAL EXPRESSWAY, SUITE 1000

DALLAS, TEXAS 75206

(Mailing Address)

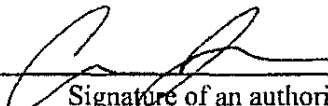
FILED  
14 AUG 11 AM 9:39  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

CHRISMAN JACKSON, MANAGER, 5910 N CENTRAL EXP, STE 1000, DALLAS, TX 75206

JASON K DODD, MANAGER, 5910 N CENTRAL EXPY, STE 1000, DALLAS, TX 75206

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.)

  
\_\_\_\_\_  
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.)

CHRISMAN JACKSON, MANAGER

\_\_\_\_\_  
Typed or printed name of signee

**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:

FORT MYERS CREEKSIDE MANAGERS, 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:

National Corporate Research, Ltd., Inc.

(Name)

155 Office Plaza Drive

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

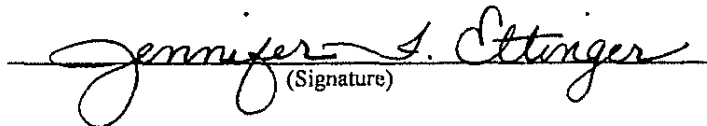
Tallahassee

FL

32301

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)

14 AUG 11 AM 9:39  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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



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 Fort Myers Creekside Managers, LLC (file number 802030599), a Domestic Limited Liability Company (LLC), was filed in this office on July 22, 2014.

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

It is further certified that our records indicate STEPHANIE TOLIVER as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

5910 N. CENTRAL EXPRESSWAY  
SUITE 1000  
DALLAS, TX - 75206 USA

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 August 08, 2014.



*NANDITA BERRY*

Nandita Berry  
Secretary of State