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(Address)

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JAN 16 2015

T. BROWN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Florida Practitioners, 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:

Eric L. Rosenberg, Esq.

Name of Person

Firm/Company

10477 Lake Vista Circle

Address

Boca Raton, Florida 33498

City/State and Zip Code

elrosenberg@bellsouth.net

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

For further information concerning this matter, please call:

Eric L. Rosenberg

Name of Contact Person

at (**561**) **716-8176**

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

**FLORIDA PRACTITIONERS, INC.
4220 WALLACE LANE
NASHVILLE, TENNESSEE 37215
(954) 292-8657**

December 29, 2014

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

Re: Florida Practitioners, Inc.
Document Number P14000081768

Dear Sir or Madam:

I am the President and sole shareholder of Florida Practitioners, Inc., a Florida profit corporation (the "Corporation"). Articles of Incorporation for the Corporation were filed on October 3, 2014. Articles of Dissolution for the Corporation were filed on December 8, 2014.

I desire to allow Florida Practitioners, LLC, a Delaware limited liability company, to be able to use the name "Florida Practitioners, LLC" in Florida. Therefore, on behalf of the Corporation, I hereby acknowledge and agree:

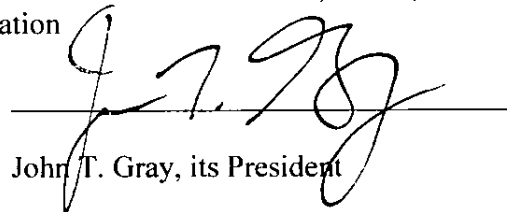
- (1) the Corporation will not revoke the dissolution of the Corporation within the next 120 days or at any time, and
- (2) the Corporation hereby releases the name "Florida Practitioners, LLC" to be used by Florida Practitioners, LLC, a Delaware limited liability company, in Florida.

Thank you for your assistance in this matter. Please do not hesitate to contact me at (954) 292-8657 if you have any questions or need any further information or documentation.

Very truly yours,

FLORIDA PRACTITIONERS, INC., a Florida corporation

By:


John T. Gray, its President

**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. **Florida Practitioners, 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. **Delaware**

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

3. **47-2493325**

(FEI number, if applicable)

4. **N/A**

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

5. **4220 Wallace Lane**

Nashville, Tennessee 37215

(Street Address of Principal Office)

6. **4220 Wallace Lane**

Nashville, Tennessee 37215

(Mailing Address)

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TALLAHASSEE, FLORIDA

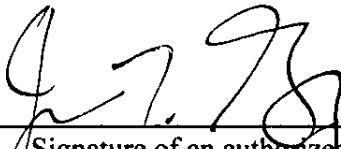
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

John T. Gray, Managing Member

4220 Wallace Lane 37215

Nashville, Tennessee

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.)

John T. Gray

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:

Florida Practitioners, 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:

Eric L. Rosenberg

(Name)

10477 Lake Vista Circle

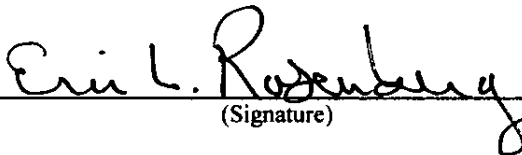
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Boca Raton

FL 33498

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

Delaware

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The First State

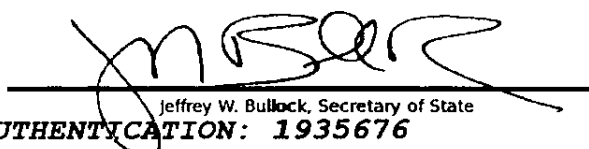
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FLORIDA PRACTITIONERS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF DECEMBER, A.D. 2014.

5653544 8300

141503311

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1935676

DATE: 12-08-14