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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : FORSTER BOUGHMAN & LEFKOWITZ
Account Number : I20140000076
Phone : (407)255-2055
Fax Number : (407)965-5327

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DIVISION OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: accounting@childrenfirsthomccare.com

Foreign Limited Liability Company Health Partners Financial, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$125.00 |

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858-617-6381 Florida Department of Page 004 of 007
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Health Partners Financial, 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:

Donna Loggie

Name of Person

MILLENNIA PEDIATRICS, LLC

Firm/Company

4448 Edgewater Dr.

Address

Orlando, FL 32804

City/State and Zip Code

accounting@childrenfirsthomecare.com

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

For further information concerning this matter, please call:

Gary A. Forster, Esq.

at

407

255-2055

Name of Contact Person

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

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March 19, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FORSTER BOUGHMAN & LEFKOWITZ

SUBJECT: HEALTH PARTNERS FINANCIAL, LLC
REF: W15000019498

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Teresa Brown
Regulatory Specialist II

FAX Aud. #: H15000068620
Letter Number: 815A00005554

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BUREAU OF CORPORATIONS
INFORMATION SERVICES

**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. Health Partners Financial, 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. 47-3413826

(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. 4448 Edgewater Dr.Orlando, FL 32804

(Street Address of Principal Office)

6. _____

(Mailing Address)

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

MILLENNIA PEDIATRICS, LLC , Manager4448 Edgewater Dr.Orlando, FL 32804

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.)

Donna Loggie

Typed or printed name of signer

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STATE OF FLORIDA
DEPARTMENT OF STATE

**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:

Health Partners Financial, 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:

Donna Loggie

(Name)

4448 Edgewater Dr.

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


Orlando

FL

32806

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 "HEALTH PARTNERS FINANCIAL, 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 SEVENTEENTH DAY OF MARCH, A.D. 2015.

5709774 8300

150370076

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2207635

DATE: 03-17-15

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