# M15000002758

(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



400271670694

TO ACKNOWLEDGE SUFFICIENCY OF FILM DEPARTMENT OF STAFF

15 APR 15 PH 4:41

15 AFR 15 PM 12: 20

APR 1 6 2015 T. BROWN CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 589960 7928165

AUTHORIZATION: Sould Blessen

COST LIMIT : \$ 125.00

ORDER DATE: April 15, 2015

ORDER TIME : 12:50 PM

ORDER NO. : 589960-005

CUSTOMER NO: 7928165

#### FOREIGN FILINGS

NAME: LAKE EUSTIS RE, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Lake Eustis RE, 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:
Kimberly Ruggiero
Name of Person
Health Care Navigator, LLC
Firm/Company
4 West Red Oak Lane, Suite 201
Address
White Plains, NY 10604
City/State and Zip Code
KRuggiero@hcnavigator.net
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kimberly Ruggiero at 914 390-4325  Name of Contact Person Area Code Daytime Telephone Number
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: STREET ADDRESS:  Division of Corporations  Registration Section  P.O. Box 6327  STREET ADDRESS:  Division of Corporations  Registration Section  Clifton Building
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  \$\Pi\$ \$125.00 \text{ Filing Fee} \Pi\$ \$130.00 \text{ Filing Fee} & \Pi\$ \$155.00 \text{ Filing Fee} & \Pi\$ \$160.00 \text{ Filing Fee}, \text{ Certificate}
Certificate of Status Certified Copy of Status & Certified Copy

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

J. J. 1

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

1. Lake Eustis RE, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L	LC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name Liability Company," "L.L.C," or "LLC.")	: must include "Limited
<sub>2.</sub> Delaware	
(Jurisdiction under the law of which foreign limited liability company is organized)  (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)	高 五 九
5. 40 South Palafox Place, Suite 400	
Pensacola, FL 32502	Street Par C
(Street Address of Principal Office)	20 10
6. 40 South Palafox Place, Suite 400	200
Pensacola, FL 32502	
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to mans	age is/are:
Southeast MT Holdings, LLC (MANAGING MEMBER)	
4 West Red Oak Lane, Suite 201	
White Plains, NY 10604	
8. Attached is an original certificate of existence, no more than 90 days old, duly authentical having custody of records in the jurisdiction under the law of which it is organized. (A phosacceptable. If the certificate is in a foreign language, a translation of the certificate under or 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 arm aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for	stocopy is not ath of the translator
Judith Starer	
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.

If unavailabl	le, the alternate to be used	d in the state of Florida is:	5 15
2. The name	e and the Florida street ad	ddress of the registered agent and office	e are:
		Service Company	(C) (A) (C) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A
	Corporation	(Name)	
	1201 Hays \$	Street	7
	Florida Str	reet Address (P.O. Box NOT ACCEPTABLE)	
	Tallahassee	32301	
		City/State/Zip	
liability comp registered ag statutes relat	pany at the place designat gent and agree to act in thi ing to the proper and com	Α	e appointment as with the provisions of all am familiar with and

# Delaware

PAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LAKE EUSTIS RE, 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 FIFTEENTH DAY OF APRIL, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LAKE EUSTIS"
RE, LLC" WAS FORMED ON THE THIRTEENTH DAY OF APRIL, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE
NOT BEEN ASSESSED TO DATE.

5727524 8300

150512747

AUTHENTYCATION: 2291870

DATE: 04-15-15

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