

MS00000485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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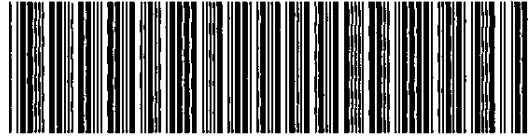
(Business Entity Name)

(Document Number)

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

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07/07/15--01031--024 \*\*1055.00

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FILED  
15 JUL -7 AM 11:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

WIS-39114



RECEIVED JUL - 3 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 22, 2015

ZAHID KOTHARI  
PO BOX 1667  
HICKORY, NC 28603

SUBJECT: WW HEALTHCARE CONSULTANTS LLC  
Ref. Number: W15000039114

We have received your document for WW HEALTHCARE CONSULTANTS LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$1055.00.

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) 245-6052.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 015A00011743



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
15 JUN 17 AM 9:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

June 4, 2015

ZAHID KOTHARI  
PO BOX 1667  
HICKORY, NC 28603

SUBJECT: WW HEALTHCARE CONSULTANTS LLC  
Ref. Number: W15000039114

We have received your document for WW HEALTHCARE CONSULTANTS LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The registered agent must sign accepting the designation.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$1055.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Jessica A Fason  
Regulatory Specialist II

Letter Number: 015A00011743

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

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. WW Healthcare Consultants 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. Virginia 3. 27-2327766  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 04/01/2011  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1978 8th Ave NW  
Hickory, NC 28601  
(Street Address of Principal Office)

6. P O Box 1667  
Hickory, NC 28603  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Capitol Corporate Services, Inc  
Office Address: 155 Office Plaza Dr, Ste A  
Tallahassee, Florida 32301  
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Lo Saechao, Asst. Secretary on  
behalf of Capitol Corporate Services, Inc.  
(Registered agent's signature)

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

Steven D Womack, Manager

PO Box 1667, Hickory, NC 28603

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15 JUL -7 AM 10:42  
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TALLAHASSEE, FLORIDA

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Steven D. Womack  
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.)

Steven D Womack  
Typed or printed name of signee

# Commonwealth of Virginia



## State Corporation Commission

### CERTIFICATE OF FACT

*I Certify the Following from the Records of the Commission:*

That WW Healthcare Consultants, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is January 28, 2009; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

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15 JUL -7 AM 11:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Signed and Sealed at Richmond on this Date:  
June 11, 2015*



*Joel H. Peck*  
Joel H. Peck, Clerk of the Commission