

M16000000037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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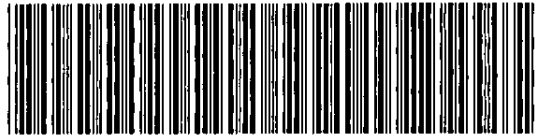
(Business Entity Name)

(Document Number)

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

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Y SULKER

# SUNSHINE CORPORATE FILING of FLORIDA, INC.

3458 Lakeshore Drive  
Tallahassee, Florida 32312  
(850) 656-4724

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COVER LETTER  
DATE: 1-4-2016  
WALK IN

ENTITY  
NAME: Wellness Solutions Geriatrics  
PLLC

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(NAME AVAILABLE? \_\_\_\_\_ CORRECT FORM \_\_\_\_\_)

PLEASE FILE THE ATTACHED AND RETURN:

☒ PLAIN COPY  
☐ CERTIFIED COPY

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CHECK # 2183  
AMOUNT: 125.00

PLEASE CONTACT TINA AT 850-508-1891 WITH ANY  
QUESTIONS OR CORRECTIONS!

THANK YOU!

TINA GOFF, PRESIDENT  
SUNSHINE CORPORATE & FILING SERVICES, INC.

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Wellness Solutions Geriatrics, PLLC

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:

Audrey M. Giglio

Name of Person

Baker, Donelson, Bearman, Caldwell & Berkowitz, PC

Firm/Company

211 Commerce Street, Suite 800

Address

Nashville, TN 37201

City/State and Zip Code

agiglio@bakerdonelson.com

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

For further information concerning this matter, please call:

Audrey Giglio

615

726-5781

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

**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. Wellness Solutions Geriatrics, PLLC

(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. Tennessee

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

3. \_\_\_\_\_

(FEI number, if applicable)

4. \_\_\_\_\_

01/01/2016  
(Date first transacted business in Florida or prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2323 21st Ave. So., Suite 306

Nashville, TN 37212-4930

(Street Address of Principal Office)

6. 73 White Bridge Rd. #103-243

Nashville, TN 37205-1444

(Mailing Address)

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

Name: NRAI Services, Inc.

Office Address: 1290 South Pine Island Road

Plantation

(City)

Florida 33324

(Zip code)

Registered agent's acceptance:

*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 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.*

By: \_\_\_\_\_

NRAI Services, Inc.

(Registered agent's signature)

**Natalie Leiba-Paul - Special Assistant Secretary**

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

President: Laura Reuves, 2323 21st Ave. So., Suite 306, Nashville, TN 37212-4930

Vice President & Secretary: Steven Sceba, 2323 21st Ave. So., Suite 306, Nashville, TN 37212-4930

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 Sceba

Signature of an authorized person in  
**STEVEN SCEBA, SECRETARY**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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 Sceba

Typed or printed name of signor

**STEVEN SCEBA, VICE PRESIDENT**

16 JAN -4 AM 8:50  
RECEIVED  
TALLAHASSEE, FLORIDA



**STATE OF TENNESSEE**  
**Tre Hargett, Secretary of State**  
**Division of Business Services**  
William R. Snodgrass Tower  
312 Rosa L. Parks AVE, 6th Fl.  
Nashville, TN 37243-1102

AUDREY GIGLIO  
STE. 800  
211 COMMERCE ST.  
NASHVILLE, TN 37201

December 15, 2015

Request Type: Certificate of Existence/Authorization  
Request #: 0187895

Issuance Date: 12/15/2015  
Copies Requested: 1

**Document Receipt**

Receipt #: 002348649

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3659578165

\$20.00

Regarding: Wellness Solutions Geriatrics, PLLC  
Filing Type: Limited Liability Company - Domestic  
Formation/Qualification Date: 09/18/2014  
Status: Active  
Duration Term: Perpetual  
Business County: DAVIDSON COUNTY

Control #: 772105  
Date Formed: 09/18/2014  
Formation Locale: TENNESSEE  
Inactive Date:

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**Wellness Solutions Geriatrics, PLLC**

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

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