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TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAR 11



Gretchen M. Nine-Bunnell

Direct Phone: 216.274-2217

Direct Fax: 216.274-2417

E-mail: gnb@hahnlaw.com

March 7, 2016

VIA FEDERAL EXPRESS

Florida Department of State
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**Re: Integra Practice Solutions, LLC –
Application by Foreign LLC for Authorization to Transact Business in Florida**

Dear Sir/Madam:

Enclosed for filing please find the following in reference to qualify Integra Practice Solutions, LLC in Florida:

1. Cover Letter;
2. An original and one (1) copy of the Application by Foreign LLC for Authorization to Transact Business in Florida;
3. A Certificate of Good Standing issued by the Maryland Secretary of State; and
4. A check in the amount of \$155.00 to cover the filing fee and certified copy.

Upon your review of the enclosed and if everything is satisfactory, please file the enclosed statement and return your certified Acknowledgment to me at your very earliest convenience.

If you have any questions, please do not hesitate to call me (collect) at the above telephone number.

Sincerely yours,

A handwritten signature in black ink, appearing to read "G. Bunnell", is written over a circular stamp. The stamp contains the text "Gretchen M. Nine-Bunnell" and "Paralegal" below it.

Gretchen M. Nine-Bunnell
Paralegal

Enclosures

cc: Royce R. Remington, Esq. (w/o encl.)
Michael G. Dana, Esq. (w/o encl.)

HAHN LOESER & PARKS LLP attorneys at law

8282270 | cleveland columbus akron naples fort myers san diego chicago
200 Public Square, Suite 2800 Cleveland, Ohio 44114 phone 216.621.0150 fax 216.241.2824 hahnlaw.com

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Integra Practice Solutions, 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:

Gretchen Nine-Bunnell, Paralegal

Name of Person

Hahn Loeser & Parks LLP

Firm/Company

200 Public Square, Suite 2800

Address

Cleveland, OH 44114

City/State and Zip Code

gnb@hahnlaw.com

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

For further information concerning this matter, please call:

Gretchen Nine-Bunnell

216

274-2217

Name of Contact Person

at (_____) _____
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. Integra Practice Solutions, 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. Maryland 3. 46-4094945
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 6021 University Boulevard, Suite 450
Ellicott City, MD 21043
(Street Address of Principal Office)

6. 6021 University Boulevard, Suite 450
Ellicott City, MD 21043
(Mailing Address)

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CLERK OF CIRCUIT
JAIL HASSE, FLORIDA

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

Name: NRAI Services, Inc.
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (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. Kristin Bolden
(Registered agent's signature) Assistant Secretary

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

Gira Shah, Manager, 6021 University Boulevard, Suite 450, Ellicott City, Maryland 21043

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)

Gira Shah

Signature of an authorized person

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.

Gira Shah, Manager
Typed or printed name of signee

STATE OF MARYLAND
Department of Assessments and Taxation

I, HEIDI DUDDERAR OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT INTEGRA PRACTICE SOLUTIONS, LLC, REGISTERED NOVEMBER 14, 2013, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JANUARY 14, 2016.



Heidi Dudderar
Associate Director

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2016 MAR -8 AM 10:53
DEPT. OF STATE
BALTIMORE, MD



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097