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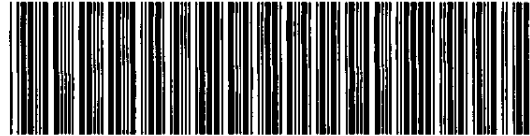
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: AssetCare, 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:

Joy Chamlee

Name of Person

Cornerstone Support, Inc.

Firm/Company

70 Mansell Court, Suite 250

Address

Roswell, GA 30076

City/State and Zip Code

robert.ridgeway@law-mba.com

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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

For further information concerning this matter, please call:

Joy Chamlee

Name of Contact Person

at (678)

Area Code

740-0486

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. AssetCare, 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. Texas

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

3. 81.2480331

(FEI number, if applicable)

4. Upon Approval

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

5. 2222 Texoma Parkway, Suite 180

Sherman TX 75090

(Street Address of Principal Office)

6. Same

(Mailing Address)

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

Name: C T Corporation System

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: Lisa DuBois C T Corporation System

(Registered agent's signature)

Asst. Secretary

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

Mark Victor Detrick, CEO of Manager, Capio Management LLC

2222 Texoma Parkway, Suite 180 Sherman TX 75090

(See attached list)

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)

Mark V. Detrick

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.

Mark V. Detrick

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

AssetCare, LLC
2222 Texoma Parkway, Suite 180
Sherman, TX 75090

Manager

Capio Management, LLC
4730 South Fort Apache Rd., Suite 300
Las Vegas, NV 89109

CEO of Manager, Capio Management LLC

Mark Victor Detrick
2222 Texoma Parkway, Suite 180
Sherman TX 75090

CFO of Manager, Capio Management LLC

Christopher Veigel
2222 Texoma Parkway, Suite 180
Sherman TX 75090

CIO of Manager, Capio Management LLC

Wilfred R. Hunziker
2222 Texoma Parkway, Suite 180
Sherman TX 75090

President of Manager, Capio Management LLC

Robert 'Bob' Dale Hodges
2222 Texoma Parkway, Suite 180
Sherman TX 75090

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TALLAHASSEE, FLORIDA

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Carlos H. Cascos
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for AssetCare, LLC (file number 802413218), a Domestic Limited Liability Company (LLC), was filed in this office on March 14, 2016.

It is further certified that the entity status in Texas is in existence.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 23, 2016.



A handwritten signature in black ink, appearing to read "Cascos", followed by a horizontal line.

Carlos H. Cascos
Secretary of State

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