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3458 Lakeshore Drive  
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Date: 8-2-16

ENTITY NAME:

Barinet Preferred Provider Network LLC

**\*\*PLEASE FILE THE ATTACHED AND RETURN:\*\***

☒ Plain Copy  
☐ Certified Copy

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:\*\***

Document Number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Certified Copy of Arts & Amendments  
Certificate of Good Standing

**\*\*APOSTILLE/NOTARIAL CERTIFICATION:\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL AMOUNT OWED: 155

CHECK NUMBER: 2748

PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

Thank you!

Tina Goff, President

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BARINET PREFERRED PROVIDER NETWORK 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 Griffin, Paralegal  
Name of Person

Waller Lansden Dortch & Davis, LLP  
Firm/Company

511 Union Street, Suite 2700  
Address

Nashville, TN 37219  
City/State and Zip Code

kim.griffin@wallerlaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly Griffin at ( 615 ) 850-8703  
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. BARINET PREFERRED PROVIDER NETWORK 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. Mississippi 3. 46-1134869  
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)  
company is organized)

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

5. 2525 Telephone Road, Pascagoula, MS 36567

(Street Address of Principal Office)

6. 2525 Telephone Road, Pascagoula, MS 36567

(Mailing Address)

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: Patricia A. Boverie  
(Registered agent's signature)

Patricia A. Boverie, Asst. Secy.

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

Donald S. Davenport - Member 2525 Telephone Road, Pascagoula, MS 39567

William T. Avara, III - Member 2525 Telephone Road, Pascagoula, MS 39567

Matthew Avara - Member 2525 Telephone Road, Pascagoula, MS 39567

Joseph Maniscalco - Member 2525 Telephone Road, Pascagoula, MS 39567

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)

[Signature]  
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.

Donald S. Davenport  
Typed or printed name of signee



**DELBERT HOSEMANN**  
*Secretary of State*

**Office of the Secretary of State**  
Jackson, Mississippi

## Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

### **BARINET PREFERRED PROVIDER NETWORK LLC**

Registered the 28th day of September, 2012

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

2525 Telephone Road  
Pascagoula, MS 39567

And that the registered agent at that address is:

Davenport, Donald S.

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office  
the 2nd day of August, 2016

*C. Delbert Hosemann, Jr.*

**C. DELBERT HOSEMANN, JR.**  
*Secretary of State*

Certificate Number: CN16026509

Verify this certificate online at <http://corp.sos.ms.gov/corpconv/verifycertificate.aspx>