

W1600009230

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(Address)

(Address)

(City/State/Zip/Phone #)

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D. SCOTT

NOV 17 2016

JAMES A. SCHMIDT

ATTORNEY AT LAW

777 SOUTH HARBOUR ISLAND BLVD.

SUITE 215

TAMPA, FLORIDA 33602

TEL: 813.250.3700

FAX: 813.250.3701

WWW.SCHMIDTLAWOFFICE.COM

November 8, 2016

Sent by US Priority Mail

No. 9405503699300423252016

Division of Corporations

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

RE: Letter No.: 516A00017761
Reference No.: W16000050664
Company: Opes Health Management Services, LLC

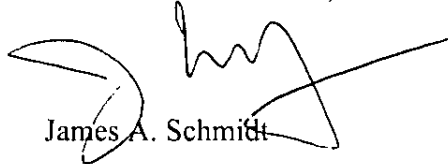
Dear Ms. Scott,

This letter is in response to your letter dated August 22, 2016. In your letter, you stated that we failed to include a Certificate of Good Standing with the company's application. Enclosed hereto, please find a Certificate of Good Standing from the State of Delaware for Opes Health Management Services, LLC dated October 31, 2016. I have enclosed a copy of the letter as requested.

Please do not hesitate to contact my office with any further questions or concerns.

Very truly yours,

JAMES A. SCHMIDT, P.A.


James A. Schmidt

Enclosures

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Opes Health Management Services, 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:

Victor Cruz

Name of Person

OPES Health Channelside, LLC

Firm/Company

912 Channelside Drive, Suite 2102

Address

Tampa, Florida 33602

City/State and Zip Code

vcruz@opeshealth.com

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

For further information concerning this matter, please call:

James Schmidt

813

250-3700

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

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TALLAHASSEE, FLORIDA

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. Opes Health Management Services, 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. Delaware 3. _____
(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. _____
912 Channelside Drive, Suite 2102 Tampa, Florida 33602
(Street Address of Principal Office)

6. _____
912 Channelside Drive, Suite 2102 Tampa, Florida 33602
(Mailing Address)

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

Name: James Schmidt
Office Address: 777 S Harbour Island Blvd., Suite 215
Tampa, Florida 33602
(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.

(Registered agent's signature)

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

VICTOR D. CRUZ, MD, CEO
109 N 12th St Suite 1105
Tampa, FL 33602

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 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.

JAMES A. SCHMIDT
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "OPES HEALTH MANAGEMENT SERVICES, LLC"
IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN
GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF
THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF OCTOBER, A.D. 2016.

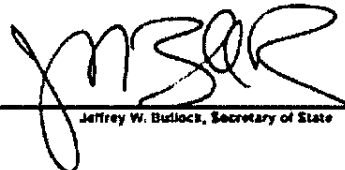
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You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 203249994

Date: 10-31-16