

Mile0000009299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

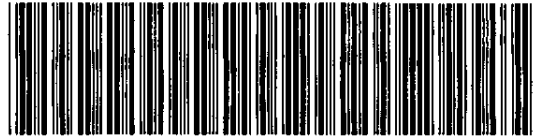
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/19/16--01005--012 **130.00

16 NOV 17 PM 2:08

FILED
1109 100100 STATE
1109 100100 STATE

NOV 18 2017
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Medical Advisory Solutions and Services Limited Liability Company

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:

Daniel Miller

Name of Person

Firm/Company

224 7th Ave N

Address

Saint Petersburg, FL 33701

City/State and Zip Code

dmiller@mass.care

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

For further information concerning this matter, please call:

Daniel Miller

941

544-2686

at (_____) _____

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 25, 2016

DANIEL MILLER
224 7TH AVE N
SAINT PETERSBURG, FL 33701

SUBJECT: MEDICAL ADVISORY SOLUTIONS AND SERVICES, LLC
Ref. Number: W16000065158

RECEIVED
2016 NOV 17 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MEDICAL ADVISORY SOLUTIONS AND SERVICES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 816A00020248

FILED
2016 NOV 17 PM 2:08
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2016

DANIEL MILLER
224 7TH AVE N
SAINT PETERSBURG, FL 33701

SUBJECT: MEDICAL ADVISORY SOLUTIONS AND SERVICES, LLC
Ref. Number: W16000065158

RECEIVED
2016 OCT 21 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MEDICAL ADVISORY SOLUTIONS AND SERVICES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

The registered agent must sign accepting the designation.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 816A00020248

FILED
2016 NOV 17 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Medical Advisory Solutions and Services, LLC

1. ~~Medical Advisory Solutions and Services Limited Liability Company~~

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

~~MASS Limited Liability Company~~

(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

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

3. 81-2527634

(FEI number, if applicable)

4. 8/1/2016

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

5. 224 7th Ave N

St. Petersburg, FL 33701

(Street Address of Principal Office)

6. 224 7th Ave N

St. Petersburg, FL 33701

(Mailing Address)

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

Name: Daniel Miller

Office Address: 224 7th Ave N

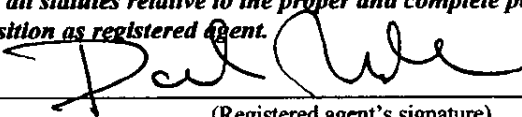
St. Petersburg, Florida 33701

(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.



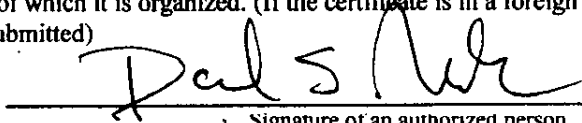
(Registered agent's signature)

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

~~COO~~
Daniel Miller, 224 7th Ave N, St. Petersburg, FL 33701

~~CEO~~
Jacob Michel, 4381 Poinsettia Dr, St. Pete Beach, FL 33706

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.

Daniel Miller

16 NOV 17 PM 2:08

FILED
DEPARTMENT OF STATE
HALL OF RECORDS
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDICAL ADVISORY SOLUTIONS AND 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 SIXTH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "MEDICAL ADVISORY SOLUTIONS AND SERVICES, LLC" IS A SERIES LIMITED LIABILITY COMPANY.



6035544 8300E

SR# 20166022276

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203120780

Date: 10-06-16