20001/0004

age 1 of 2

Florida Department of State

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Foreign Limited Liability Company MANAGED CARE SOLUTIONS, LLC

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M. MILLIGAN DEC 2 2 2016

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Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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	IFON 605.0902, FLORIDA SIATUTES, THE F ISINESS INTHE SIATE OF FLORIDA:	COTOMINO E SOUMIT 1573 IO KERIK	TEXY LOKE ON TIME TO THE TILL
, MANAGED CARE SO	LUTIONS, LLC		:
	ign Limited Liability Company; must inclu	de "Limited Liability Company," "L.L.	C.," or "LLC")
JUNEBERRY MCS, LLC	<u> </u>		
(If name unavailable, outer alt Liability Company," "L.L.C,"	ternate name adopted for the purpose of true or "LLC.")	exacting business in Florida. The altern	ate name must include "Limited
2 CALIFORNIA		38-3913086	
(Jurisdiction under the law of company is organized)	of which forcign limited liability	(FEI number, if app	Ecable)
4			
··	(Date first transacted business in Fl (See sections 605.0904 & 605.0905, F	orids, if prior to registration.)	
651 JUNEBERRY CT.	1 '		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
BOCA RATON, FL 334	486 (Street Address of Princips	(Office)	~ 2
į.	(onto: Marins or Frincipa	i Onide)	The same of the sa
6			
	(Mailing Address	Y	CO CO
		-	
7. Name and speet address	of Florida registered agent: (P.O. Box IOSEPH WILHELM	NOT acceptable)	
Name:	JOSEPH WILHELM	· · · · · · · · · · · · · · · · · · ·	
Office Address:	651 JUNEBERRY CT.	· · · · · · · · · · · · · · · · · · ·	
	BOCA RATON	Florida 33486	
— • • • • • • • • • • • • • • • • • • •	(City)	(Zip co	de)
Registered agent's accept Having been named as reg	ance: sistered agent and to accept service of j	process for the above stated limits	d liability company at the place
designated in this applicati	ion, I hereby accept the appointment a us of all statutes relative to the proper	is registered agent and agree to ac	t in this capacity. I further agree
	ns of all slutures relative to the proper ty position as registered agent.	али соперыя разостанся оз ту	demen's num y due langua. Anne aun
	Joens Will	hehr	
•	(Registered age JOSEPH V	nt's signature)	
8. The name, title or capac	onty and address of the person(s) who he		
• • •	WS - 651 JUNEBERRY CT., BOCA R.	• • •	,
MANAGE	ING MEMBER	SAZABUE A	HD PeuC
MIMORE	THE THERE	GAZAFAL I	DDRIW Ş
			;
9. Attached is a certificate of	of existence, no more than 90 days old,	duly authenticated by the official h	aving custody of records in the
jurisdiction under the law of of the translator must be sul	of which it is organized. If the cortificate bruitted)	11	1 .
		re andrews	
-	Signature of an au	athorized person	-
This dominant is executed i	in accordance with section 605.0203 (1)		har now folso information
submitted in a document to			
	the Department of State constitutes a th	ird degree felony as provided for in	s.817.155, F.S.
_	the Department of State constitutes a the SUZANNE Al	ird degree felony as provided for in NDREWS	s.817.155, F.S.
-	the Department of State constitutes a th	ird degroo felony as provided for in NDREWS amo of signee	8.817.155, FS.
-	the Department of State constitutes a the SUZANNE Al	ird degroo felony as provided for in NDREWS amo of signee	0 3115/03

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WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

Ì		
	he undersigned, do hereby certify that I am the Authorized Person	
of M	ANAGED CARE SOLUTIONS, LLC	
01	(Name of Limited Liability Company)	MI UEC 21
a limi	ted liability company duly organized and existing under the laws of	
CALI	FORNIA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(State or Country of Organization)	
Весві	se the name of this foreign limited liability company does not satisfy the	18
requir	coments of the s. 605.0112, F.S., the limited liability company hereby ac	opts the
follov	ving name to transact business in the state of Florida:	
JUNE	BERRY MCS, LLC	
	to be used by limited liability company in Florida. NOTE: Name must contain Limited Liability, L.L.C., or LI.C.)	 -
_	Leganne andreus 12/1	14/16
S	nature Authorized Person Date	
		- 1

CR2E122 (12/13)

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H.16000 311510

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

MANAGED CARE SOLUTIONS, LLC

FILE NUMBER:

FORMATION DATE:

TYPE:

JURISDICTION:

STATUS:

201320310447

07/17/2013 .

DOMESTIC LIMITED LIABILITY COMPANY

CALIFORNIA

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 16, 2016.

ALEX PADILLA Secretary of State

RYM

NP-25 (REV 01/2015)

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