

M17000000294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

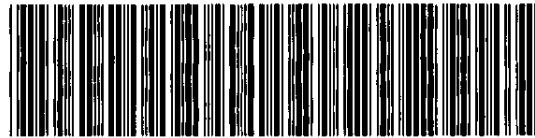
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 JAN 10 PM 4:58

JAN 11 2017

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PHYSICIANS FIRST MANAGEMENT SERVICE ORGANIZATION, 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:

STACEY CASTROVINCI

Name of Person

PHYSICIANS FIRST MANAGEMENT SERVICE ORGANIZATION, LLC

Firm/Company

PO BOX 669541

Address

POMPANO BEACH, FL 33066

City/State and Zip Code

STACEY.NURSINGSOLUTIONS@GMAIL.COM

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

For further information concerning this matter, please call:

STACEY CASTROVINCI

845

406-2334

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

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TALLAHASSEE, FL
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**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. PHYSICIANS FIRST MANAGEMENT SERVICE ORGANIZATION, LLC

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

PHYSICIANS FIRST MSO, 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

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

3. 37-1785896

(FEI number, if applicable)

4. 01/03/2017

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

5. 150 S. ANDREWS AVENUE, SUITE 440 POMPANO BEACH, FL 33069

(Street Address of Principal Office)

6. PO BOX 669541

POMPANO BEACH, FL 33066

(Mailing Address)

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

Name:

STACEY CASTROVINCI

Office Address:

150 S. ANDREWS AVENUE, SUITE 440

POMPANO BEACH

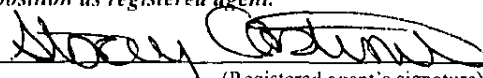
(City)

Florida 33069

(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:

STACEY CASTROVINCI, MANAGER

150 S. ANDREWS AVENUE, SUITE 440 POMPANO BEACH, FL 33069

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.

Stacey Castrovinci

Typed or printed name of signee

FILED
STATE
SECRETARY OF
17 JUN 10 PM 4:58
TALLAHASSEE, FL 32304



State of Delaware

SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 898
DOVER, DELAWARE 19903

8017280

12-29-2016

PHYSICIANS FIRST MANAGEMENT SERVICE ORGANIZATION
150 S. ANDREWS AVE., STE 440
POMPANO BEACH, FL 33069

ATTN: STACEY CASTROVINCI

DESCRIPTION	AMOUNT
5736825 - PHYSICIANS FIRST MANAGEMENT SERVICE ORGANIZATION, LLC	
Entity Status - Short Form	
Certification Fee	\$50.00
Expedite Fee, Same Day	\$50.00
TOTAL CHARGES	\$100.00
TOTAL PAYMENTS	\$100.00
BALANCE	\$0.00

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SECRETARY OF STATE
FALL ADMINISTRATION

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHYSICIANS FIRST MANAGEMENT SERVICE ORGANIZATION, 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 TWENTY-NINTH DAY OF DECEMBER, A.D. 2016.

FILED
STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
17 JAN 10 PM 4:58



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SR# 20167294570

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


Jeffrey W. Bullock, Secretary of State

Authentication: 203605052

Date: 12-29-16