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S. YOUNG

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROBERTS EMERGENCY PHYSICIAN 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:

LYNN ROBERTS OR STEPHEN ROBERTS

Name of Person

ROBERTS EMERGENCY PHYSICIAN SERVICES, LLC

Firm/Company

91 TRAE LANE

Address

SANTA ROSA BEACH FL 32459

City/State and Zip Code

LACCOMMODATIONS@AOL.COM

~~STEPHEN~~ STEVE ROBERTS MDC@gmail.com

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

For further information concerning this matter, please call:

LYNN ROBERTS / STEVE ROBERTS

at (

842

298-1742

/ 843-378-9081

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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**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. ROBERTS EMERGENCY PHYSICIAN 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. OH

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

3. 46-0732051

(FEI number, if applicable)

4. NOVEMBER 7, 2016

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

5. 91 TRAE LANE

SANTA ROSA BEACH FL 32459

(Street Address of Principal Office)

6. 91 TRAE LANE

SANTA ROSA BEACH FL 32459

(Mailing Address)

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

Name: STEPHEN ROBERTS MD

Office Address: 91 TRAE LANE

SANTA ROSA BEACH

(City)

Florida 32459

(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.

X Stephen Roberts

(Registered agent's signature)

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

STEPHEN ROBERTS, MD PRESIDENT

91 TRAE LANE

SANTA ROSA BEACH FL 32459

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)

X Stephen Roberts

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.

X STEPHEN ROBERTS

Typed or printed name of signer

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
17 JAN 23 PM 4:59

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ROBERTS EMERGENCY PHYSICIAN SERVICES, LLC, an Ohio For Profit Limited Liability Company; Registration Number 2126169, was organized within the State of Ohio on August 3, 2012, is currently in FULL FORCE AND EFFECT upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 11th day of January, A.D. 2017.*

Jon Husted

Ohio Secretary of State

Validation Number: 201701100560

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