

MI7000000663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

125

Office Use Only



400294645304

01/25/17--01002--005 \*\*480.00

17 JAN 24 AM 11:14

JAN 25 2017  
J. HARRIS

# SUNSHINE CORPORATE

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date: 1-24-17

Name:	Patriot Care Management LLC
Document #:	(Colleen ce)
Order #:	

Certified Copy of Arts & Amend:			
Plain Copy:			
Certificate of Good Standing:			
Apostille/Notarial Certification:		Country of Destination:	
		Number of Certs:	

Filing: <del>X</del>	Certified: <del>XX</del>	Please see attached <del>XX</del> Withdrawals of current Inc's on file
	Plain: <u>XX</u>	
	COGS:	

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 125.00

Thank you!

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. Patriot Care Management, 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  
(Jurisdiction under the law of which foreign limited liability  
company is organized)

3. \_\_\_\_\_  
(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. 401 EAST LAS OLAS BLVD., SUITE 1650  
FORT LAUDERDALE, FL 33301  
(Street Address of Principal Office)

6. 401 EAST LAS OLAS BLVD., SUITE 1650  
FORT LAUDERDALE, FL 33301  
(Mailing Address)

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

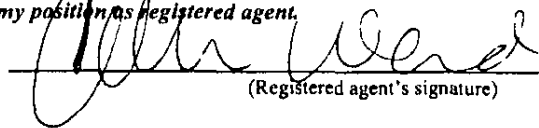
Name: CORPORATE CREATIONS NETWORK, INC.

Office Address: 11380 PROSPERITY FARMS ROAD #221E

PALM BEACH GARDENS, Florida 33410  
(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.



Colleen Ward, Special Secretary

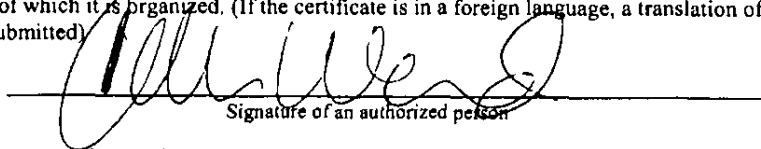
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Timothy J Ermatinger, Manager - 401 EAST LAS OLAS BLVD., SUITE 1650, FORT LAUDERDALE, FL 33301

Elvis Rivera, Manager - 401 EAST LAS OLAS BLVD., SUITE 1650, FORT LAUDERDALE, FL 33301

Beth A Crews, Manager - 401 EAST LAS OLAS BLVD., SUITE 1650, FORT LAUDERDALE, FL 33301

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.

Colleen Ward, Attorney-in-Fact

Typed or printed name of signee

17 JAN 24 PM 11:14  
RECEIVED  
STATE OF FLORIDA  
DEPARTMENT OF STATE

# Delaware

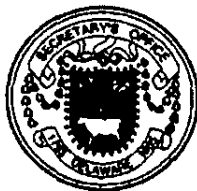
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PATRIOT CARE MANAGEMENT, 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 TWENTIETH DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PATRIOT CARE MANAGEMENT, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF NOVEMBER, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



3322299 8300

SR# 20170343245

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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 in a small font.

Authentication: 201902747

Date: 01-20-17