

MI170000002634

(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:

Office Use Only



200296946252

03/28/17--01004--010 **130.00

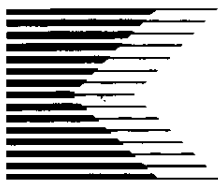
FILED

2017 MAR 21 P 5:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

MAR 28 2017



KRUGLIAK, WILKINS, GRIFFITHS
& DOUGHERTY CO., L.P.A. attorneys at law

Mara R. Kraft
Direct Line: (330) 244-4489
mkraft@kwgd.com

March 24, 2017

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

RE: Health Care Advantage, LLC

Dear Sir/Madam:

Enclosed please find the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for Health Care Advantage, LLC, along with a check in the amount of \$130.00 to cover the filing fee.

Please file upon receipt and return evidence of filing to the undersigned in the enclosed, self-addressed, stamped envelope.

If you have any questions, please do not hesitate to contact me at (330) 244-4489.

Thank you for your assistance in this matter.

Very truly yours,

KRUGLIAK, WILKINS, GRIFFITHS
& DOUGHERTY CO., L.P.A.

Mara R. Kraft
Corporate Paralegal

Enc.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Health Care Advantage, 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:

Mara R. Kraft

Name of Person

Krugliak, Wilkins, Griffiths & Dougherty Co., LPA

Firm/Company

4775 Munson St. NW / PO Box 36963

Address

Canton, OH 44735

City/State and Zip Code

mkraft@kwgd.com

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

For further information concerning this matter, please call:

Mara R. Kraft

330

497-0700

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

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. Health Care Advantage, 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. Ohio
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-3903416
(FEI number, if applicable)

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

5. 3368 Highland Park NW
North Canton, OH 44720
(Street Address of Principal Office)

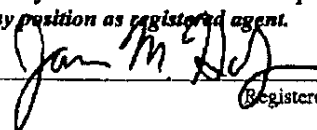
6. 3368 Highland Park NW
North Canton, OH 44720
(Mailing Address)

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

Name: CT Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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)

James M. Halpin
Assistant Secretary

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

Matthew Tucker, Member

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.

Matthew Tucker

Typed or printed name of signer

FILED
2011 MAR 07 P 5:07
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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 HEALTH CARE ADVANTAGE, LLC, an Ohio For Profit Limited Liability Company, Registration Number 3942226, was organized within the State of Ohio on September 19, 2016, 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 3rd day of March, A.D. 2017.*

Jon Husted

Ohio Secretary of State

Validation Number: 201706200774