

M17000003541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

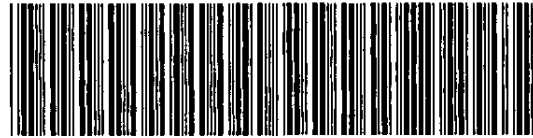
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

cert W17-19526
waiting on conversion

Office Use Only



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17 APR 26 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

APR 26 2017



Bristol Hospice
EMBRACING A REVERENCE FOR LIFE

April 20, 2017

Florida Department of State
Division of Corporations
Attn: Stacey M. Warren
P.O. Box 6327
Tallahassee, Florida 32314

Re: Bristol Hospice – Miami Dade, LLC
Ref. Number: W17000019526

Dear Ms. Warren:

As per your request, I am submitting a copy of the Certificate of Existence that I have obtained from the Utah Department of Commerce as well as my previously submitted application to transact business in Florida and the letter you sent to me requesting the additional information.

If anything else is needed please contact me at (801) 656-2769 or via email at mekelle.andrezzi@bristolhospice.com.

I very much appreciate your help and direction in completing this process.

Sincerely,

MeKelle Andrezzi
Director of Licensure and Accreditation
Bristol Hospice, L.L.C.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 8, 2017

MEKELLE ANDREZZI
206 NORTH 2100 WEST, SUITE 202
SALT LAKE CITY, UT 84116

SUBJECT: BRISTOL HOSPICE - MIAMI DADE, LLC
Ref. Number: W17000019526

We have received your document for BRISTOL HOSPICE - MIAMI DADE, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 417A00004502

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bristol Hospice - Miami Dade, 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:

McKelle Andrezzi

Name of Person

Bristol Hospice, L.L.C.

Firm/Company

206 North 2100 West, Suite 202

Address

Salt Lake City, Utah 84116

City/State and Zip Code

mekelle.andrezzi@bristolhospice.com

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

For further information concerning this matter, please call:

McKelle Andrezzi

801

656-2769

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. Bristol Hospice - Miami Dade, 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. Utah 3. 30-0964844
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Newly organized business. Have not yet transacted business.
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. Bristol Hospice - Miami Dade, LLC
5201 Blue Lagoon Drive, Suite 570, Miami, FL 33126
(Street Address of Principal Office)

6. Bristol Hospice, L.L.C.
206 North 2100 West, Suite 202, Salt Lake City, Utah 84116
(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.

Jennifer Quinn, Asst Secretary & VP
(Registered agent's signature)

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

Charles H. Gonzales, CEO, Bristol Hospice, L.L.C.
Rich Dahlquist, Exec. VP/COO, Bristol Hospice, L.L.C.
Gerry Christensen, Exec. VP/CFO Bristol Hospice, L.L.C.

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)

Gerry Christensen
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.

Gerry Christensen
Typed or printed name of signer

FILED
17 APR 26 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Utah Department of Commerce
Division of Corporations & Commercial Code

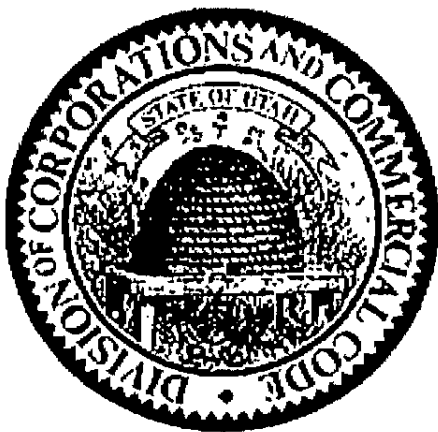
160 East 300 South, 2nd Floor, PO Box 146705
Salt Lake City, UT 84114-6705
Service Center: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents
Fax: (801) 530-6438
Web Site: <http://www.commerce.utah.gov>

04/20/2017
10297203-016004202017-3540953

CERTIFICATE OF EXISTENCE

Registration Number:	10297203-0160
Business Name:	BRISTOL HOSPICE - MIAMI DADE, LLC
Registered Date:	April 14, 2016
Entity Type:	LLC - Domestic
Current Status:	Good Standing

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Kathy Berg

Kathy Berg
Director
Division of Corporations and Commercial Code