

5/5/2017

Division of Corporations

Florida Department of State  
Division of Corporations  
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To:

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: EPennington@BlalockWalters.com

**Foreign Limited Liability Company  
Reliance Medical Centers, LLC**

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MAY 08 2017  
J. HARRIS

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDAIN 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. Reliance Medical Centers, LLC

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

## 2. Delaware

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

3.                     

(FBI number, if applicable)

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

## 5. 3655 INNOVATION DR

(Street Address of Principal Office)

LAKELAND, FL 33812

## 6. 3655 INNOVATION DR

(Mailing Address)

LAKELAND, FL 33812

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: Bialock Walters, P.A.Office Address: 2 North Tamiami Trail Suite 408Sarasota

(City)

, Florida 34236

(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:

Title or Capacity:Name and Address:Title or Capacity:Name and Address:ManagerCarlos Romero3655 INNOVATION DRLAKELAND, FL 33812

(Use attachments if necessary)

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                     10. 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.Jason Levy

Typed or printed name of signer

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# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RELIANCE MEDICAL CENTERS, 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 SECOND DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RELIANCE MEDICAL CENTERS, LLC" WAS FORMED ON THE SIXTH DAY OF APRIL, A.D. 2017.



6371220 8300

SR# 20173010483

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 "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202473655

Date: 05-02-17