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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 11, 2017

CSC MELISSA ZENDER RESUBMIT

Please give original submission date as file date.

SUBJECT: DIALCARE GROUP, PLLC

Ref. Number: W17000040426

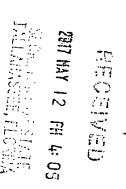
We have received your document for DIALCARE GROUP, PLLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law does not provide for the recognition of a foreign professional limited liability company. An accepatable limited liability company suffix will need to be added to your entity name for this Department to accept and file your document.

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

Octavia I Simmons Regulatory Specialist II

Letter Number: 617A00009363



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 635144 7411785

AUTHORIZATION : Some Delle more

COST LIMIT : \$ 125.00

ORDER DATE: May 10, 2017

ORDER TIME : 3:17 PM

ORDER NO. : 635144-015

CUSTOMER NO: 7411785

FOREIGN FILINGS

NAME: DIALCARE GROUP, PLLC

XXXX QUALIFICATION (TYPE: PLL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

TO:		ition Section of Corporation	ıs				
SUBJE		lCare Group, PL	LC				
			Name of I	imited Liability (Company		
			eign Limited Liability Comp d to register the above refere				
Please 1	return all c	orrespondence c	oncerning this matter to the t	following:			
		Mandy Horton,	Esq.				
			Na	me of Person		,	
		DialCare Group	, PLLC				
			Fit	m/Company			
		7400 Gaylord P	arkway				
				Address			
		Frisco, Texas 7	5034				
			City/St	ate and Zip Code			
	n	nandyh@careing	ton.com				
	-		E-mail address: (to be used	for future annual	report not	ification)	
For furt	her inform	ation concerning	this matter, please call:				
	Mandy i	Horton, Esq.		800 at (441-038	80 x 2803	
		Name o	f Contact Person	Area Code	Day	time Telephone Number	
	Division Registrat P.O. Box	RG ADDRESS: of Corporations ion Section : 6327 see, FL 32314			Division of Registrati Clifton Bo 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
Enclose		ck for the followi 00 Filing Fee	ng amount: \$\sum \\$130.00 \text{Filing Fee & Certificate of Status}	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop	

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:

Dialcare Group, L	<u></u>					
(If name unavailable, enter a Liability Company," "L.L.C	Iternate name adopted for the purpose " or "LLC.")	e of transa	cting business in Flori	ida. The altern	ate name must	include "Limited
2. Texas		3. 8	1-4164883			
(Jurisdiction under the law company is organized)	of which foreign limited liability	···	(FEI :	number, if appl	licable)	<u> </u>
4. Upon Filing						The same of the sa
·	(Date first transacted busine (See sections 605.0904 & 605.	ess in Flori	da, if prior to registrat	lion.) Jiahility)	·····	
5. 7400 Gaylord Parkwa			- to determine pointing			17 12
Frisco, Texas 75034						
6. 7400 Gaylord Parkway	(Street Address of I	Principal C	Office)			
Frisco, Texas 75034	W 10 10 10 10 10 10 10 10 10 10 10 10 10					
1113CO, 1CAGS 73034	(Mailing /	Address)				
7. Name and street addre	ss of Florida registered agent: (P.	O. Box 1	NOT acceptable)			
Name:	Corporation Service Company					
Office Address:	1201 Hays Street					
	(7) 11 1			22201		
	Tallahassee		, Flori	da		
Registered agent's acces	(City)		, Flori	da 32301 (Zip co	de)	
	(City) stance: egistered agent and to accept serv		ocess for the above	stated limite	d liability coi	
Having been named as re designated in this applica- to complywith the provisi	(City) tance: rgistered agent and to accept servition, I hereby accept the appoint ons of all statutes relative to the	iment as i proper ai	ocess for the above registered ugent and	stated limited d agree to ac	d liability coi t in this capa	city. I further agree
Having been named as re designated in this applica- to complywith the provisi	(City) tance: rgistered agent and to accept servition, I hereby accept the appoint ons of all statutes relative to the	iment as i proper ai	ocess for the above registered ugent and	stated limited d agree to ac	d liability con t in this capa duties, and l	city. I further agree
Having been named as re designated in this applica- to complywith the provisi	(City) stance: egistered agent and to accept servition, I hereby accept the appoint ons of all statutes relative to the my position as registered agent. Corporation Service Companiby:	iment as i proper ai	ocess for the above registered ugent and nd complete perfort	stated limited d agree to ac	d liability con t in this capa duties, and I Meliss	city. I further agree am familiar with and
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submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Dr. Susan Kay Rinker

Typed or printed name of signee



Rolando B. Pablos Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for DialCare Group, PLLC (file number 802562653), a Domestic Limited Liability Company (LLC), was filed in this office on October 13, 2016.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 10, 2017.



Rolando B. Pablos Secretary of State

Dial: 7-1-1 for Relay Services TID: 10264 Document: 736039420003

Prepared by: SOS-WEB