

M 17000004588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

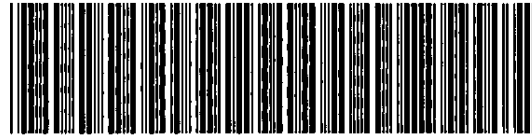
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600297486336

04/04/17--01014--008 **160.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 MAY 31 AM 10:13

M. MILLIGAN

MAY 31 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 7, 2017

SHAD SMITH
713 WALLER RD
BRENTWOOD, TN 37027

SUBJECT: PALM PERFUSION, LLC
Ref. Number: W17000029740

We have received your document for PALM PERFUSION, LLC and your check(s) totaling \$160.00. 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 the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 517A00006700

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Palm Perfusion, 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:

Shad Smith

Name of Person

Palm Perfusion, LLC

Firm/Company

713 Waller Road

Address

Brentwood, TN 37027

City/State and Zip Code

shadsmith@palmperfusion.com

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

For further information concerning this matter, please call:

Sharon M Smith

615
at ()

330-6362

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. Palm Perfusion, 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. TN 3. 62-1834958
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. May 1, 2017
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 713 Waller Road
Brentwood, TN 37027
(Street Address of Principal Office)

6. 713 Waller Road
Brentwood, TN 37027
(Mailing Address)

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

Name: Nina Klingman
Office Address: 3950 NW 37th Place
Gainesville, Florida 32606
(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.

DocuSigned by:

Nina V. Klingman

(Registered agent's signature)

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

Shad Smith, Partner - 713 Waller Road, Brentwood, TN 37027

Chad Smith, Partner - 9204 Heritage Dr., Brentwood, TN 37027

Sharon Smith, book keeper - 713 Waller Rd., Brentwood, TN 37027

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)

Shad Smith
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.

Shad Smith

Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 MAY 31 AM 10:13



Tre Hargett
Secretary of State

Division of Business Services

Department of State

State of Tennessee

312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

SHAD OR SHARON SMITH
713 WALLER RD
BRENTWOOD, TN 37027-8330

May 24, 2017

Request Type: Certificate of Existence/Authorization
Request #: 0238914

Issuance Date: 05/24/2017
Copies Requested: 1

Document Receipt

Receipt #: 003391381

Filing Fee: \$20.00

Payment-Check/MO - PALM PERFUSION, PLLC, BRENTWOOD, TN

\$20.00

Regarding: PALM PERFUSION, PLLC

Filing Type: Limited Liability Company - Domestic

Control #: 396190

Formation/Qualification Date: 09/26/2000

Date Formed: 09/26/2000

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: WILLIAMSON COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

PALM PERFUSION, PLLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* is delinquent in the payment of one or more of the fees, taxes or penalties owed to the State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of this business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Sheila Keeling

Verification #: 022574123

Form 668 (Z)
(Rev. 10-2000)

16787

Department of the Treasury - Internal Revenue Service

Certificate of Release of Federal Tax Lien

Area:

SMALL BUSINESS/SELF EMPLOYED AREA #3
Lien Unit Phone: (800) 913-6050

Serial Number

222307216

For Use by Recording Office

I certify that the following-named taxpayer, under the requirements of section 6325 (a) of the Internal Revenue Code has satisfied the taxes listed below and all statutory additions. Therefore, the lien provided by Code section 6321 for these taxes and additions has been released. The proper officer in the office where the notice of internal revenue tax lien was filed on August 03

2016, is authorized to note the books to show the release of this lien for these taxes and additions.

Name of Taxpayer

HOPE FOR FAMILIES-ADOPTION & COUNSELING
a Corporation

Residence 130 S INDIAN RIVER DRIVE STE 301
PORT SAINT LUCIE, FL 34950-0000

COURT RECORDING INFORMATION:

Liber Page UCC No. Serial No.
n/a n/a 16FLR0006707 n/a

17FLR0004796-4

Kind of Tax (a)	Tax Period Ending (b)	Identifying Number (c)	Date of Assessment (d)	Last Day for Refiling (e)	Unpaid Balance of Assessment (f)
1120	12/31/2012	XX-XXX5497	10/20/2014	11/19/2024	9451.28
1120	12/31/2013	XX-XXX5497	11/03/2014	12/03/2024	6780.58
1120	12/31/2014	XX-XXX5497	10/05/2015	11/04/2025	6188.13

INTERNAL REVENUE SERVICE
W & I - FIELD ASSISTANCE
PORT ST. LUCIE, FL 34952

MAY 30 2017

RECEIVED
21416

Place of Filing

SECRETARY OF STATE

TALLAHASSEE, FL 32314

Total \$ 22419.99

This notice was prepared and signed at BALTIMORE, MD, on this,

the 30th day of May, 2017.

Signature

Jean Flach

Title

Operations Manager, Centralized
Lien Operation

(NOTE: Certificate of officer authorized by law to take acknowledgments is not essential to the validity of Certificate of Release of Federal Tax lien Rev. Rul. 71-466, 1971 - 2 C.B. 409)

Part 1 - RECORDING OFFICE

Form 668 (Z) (Rev. 10-2000)
CAT. NO 600261

Form 668 (Z)
(Rev. 10-2000)

16787

Department of the Treasury - Internal Revenue Service

Certificate of Release of Federal Tax Lien

Area:
SMALL BUSINESS/SELF EMPLOYED AREA #3
Lien Unit Phone: (800) 913-6050

Serial Number
245023217

For Use by Recording Office

I certify that the following-named taxpayer, under the requirements of section 6325 (a) of the Internal Revenue Code has satisfied the taxes listed below and all statutory additions. Therefore, the lien provided by Code section 6321 for these taxes and additions has been released. The proper officer in the office where the notice of internal revenue tax lien was filed on January 25

2017, is authorized to note the books to show the release of this lien for these taxes and additions.

Name of Taxpayer
HOPE FOR FAMILIES-ADOPTION & COUNSELING
a Corporation

Residence 130 S INDIAN RIVER DRIVE STE 301
PORT SAINT LUCIE, FL 34950-0000

COURT RECORDING INFORMATION:

Liber Page UCC No. Serial No.
n/a n/a 17FLR0000505 n/a

Kind of Tax (a)	Tax Period Ending (b)	Identifying Number (c)	Date of Assessment (d)	Last Day for Refiling (e)	Unpaid Balance of Assessment (f)
1120	12/31/2015	XX-XXX5497	12/26/2016	01/25/2027	6120.38
*****	*****	*****	*****	*****	*****

Place of Filing

SECRETARY OF STATE

TALLAHASSEE, FL 32314

Total \$ 6120.38

This notice was prepared and signed at BALTIMORE, MD, on this,

the 30th day of May, 2017.

Signature

Jan Flach

Title

Operations Manager, Centralized
Lien Operation

(NOTE: Certificate of officer authorized by law to take acknowledgments is not essential to the validity of Certificate of Release of Federal Tax Lien Rev. Rul. 71-466, 1971 - 2 C.B. 409)

Part 1 - RECORDING OFFICE

Form 668 (Z) (Rev. 10-2000),
CAT. NO 600261

FILED
2017 JUN -5 A 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA