

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP.
Account Number : 076666002140
Phone : (727) 461-1818
Fax Number : (727) 441-8617

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

Email Address:

Kimemrick@aol.com

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2017 JUN 21 PM 1:00
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**Foreign Limited Liability Company
Global Physician Network LLC Series II**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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D. BRUCE
JUN-22 2017

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Global Physician Network LLC Series II

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:

Lori L. Ammons

Name of Person

Johnson Pope

Firm/Company

333 Third Avenue North, Suite 200

Address

St. Petersburg, FL 33701

City/State and Zip Code

kimemrick@aol.com

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

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Lori L. Ammons

727

483-5685

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

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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. Global Physician Network LLC Series II
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. Illinois 82-1882154
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)
4. _____
(Date first transacted business in Florida, if prior to registration.
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability))
5. 1700 South Tamiami Trail
(Street Address of Principal Office)
Sarasota FL 34239
6. Same
(Mailing Address)

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

Name: Kim Emrick
Office Address: 1700 South Tamiami Trail
Sarasota, Florida 34239
(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.

Kim Emrick
(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:
	See Attached List - all the attached are managers		

(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)

10. This document is executed in accordance with section 605.0903 (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.817.153, F.S.

Reuben W. Holland III
(Signature of an authorized person)

Reuben W. Holland III

(Typed or printed name of signer)

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First Name	Last Name	Address	City	ST	ZIP
Bryan	Berry	8963 Fishermens Bay Drive	Sarasota	FL	34231
Tara	Butler	3238 Rose St	Sarasota	FL	34239
Kevin	Casebolt	4703 Hunters Run	Sarasota	FL	34241
W. Andrew	Downes	8275 Barton Farms Blvd	Sarasota	FL	34240
Brian	Garty	4024 Red Rock Lane	Sarasota	FL	34231
Joel	Gerber	525 Outrigger Lane	Longboat Key	FL	34228
Reuben W.	Holland, III	5341 Hidden Harbor Road	Sarasota	FL	34242
Mark C.	Johnson	7378 Stacy Lane	Sarasota	FL	34241
Steven W.	Kamm	441 Meadow Lark Drive	Sarasota	FL	34236
Bruce	Kruglick	1305 North Lakeshore Drive	Sarasota	FL	34231
W. Mark	Mahoney	630 Sandy Nook Street	Sarasota	FL	34242
Sarah	Temple	9657 18th Ave Circle NW	Bradenton	FL	34209
Lisa	Tichenor	1740 Alderman Street #11	Sarasota	FL	34236
Tara	Werth	4949 Myakka Valley Trail	Sarasota	FL	34241
Brett	Williams	110 Mimosa Drive	Sarasota	FL	34232

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

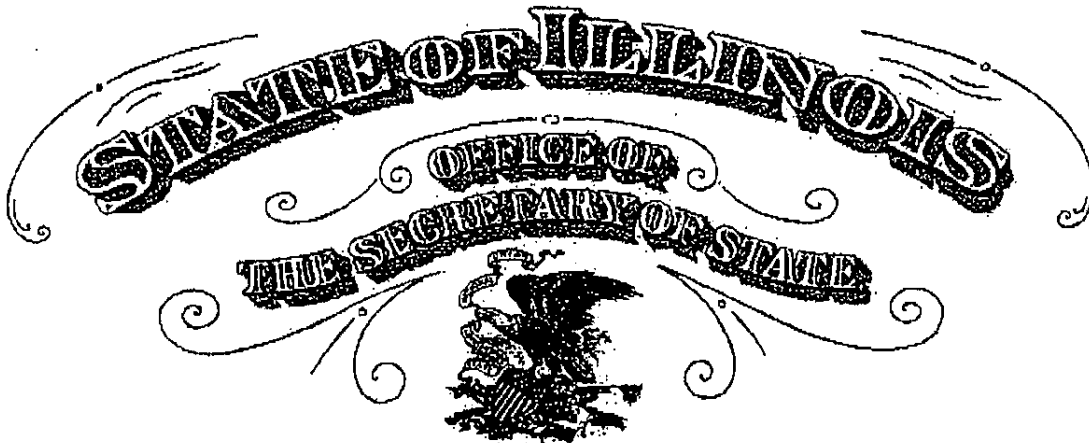
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File Number

0622190-4



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

GLOBAL PHYSICIAN NETWORK, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 26, 2017, AND HAVING ESTABLISHED A SERIES WITH THE DESIGNATED NAME OF GLOBAL PHYSICIAN NETWORK, LLC SERIES II ON JUNE 08, 2017, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 15TH day of JUNE A.D. 2017 .

Jesse White

SECRETARY OF STATE

Authentication #: 1716602706 verifiable until 06/15/2018
Authenticate at: <http://www.cyberdriveillinois.com>

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