

MI7000006947

(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 Filing Officer:

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17 AUG 11 AM 11:49  
TALLAHASSEE, FLORIDA

AUG 14 2017

Y SULKER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 19, 2017

HAARIS AHMAD  
50591 MAYFIELD EAST COURT  
CANTON, MI 48187

SUBJECT: ATLANTIS CARECONNECT LLC  
Ref. Number: W17000059775

We have received your document for ATLANTIS CARECONNECT LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 717A00014651

RECEIVED  
2017 AUG 11 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

ATLANTIS CARECONNECT LLC

**SUBJECT:** \_\_\_\_\_  
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:

HAARIS AHMAD

\_\_\_\_\_  
Name of Person

Atlantis CareConnect LLC

\_\_\_\_\_  
Firm/Company

50591 MAYFIELD EAST COURT

\_\_\_\_\_  
Address

CANTON MI 48187

\_\_\_\_\_  
City/State and Zip Code

h.ahmad@atlantishg.com

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

For further information concerning this matter, please call:

Haaris Ahmad	734	652-0345
_____ Name of Contact Person	at (_____) _____ 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:

- |   |   |  |   |
|---|---|--|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$160.00 Filing Fee, Certificate<br>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. ATLANTIS CARECONNECT 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. AZ  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(EFT number, if applicable)

4. July 1, 2017  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0903 & 605.0905, F.S. to determine penalty liability)

5. 7047 E Greenway Parkway 250  
(Street Address of Principal Office)  
Scottsdale, AZ 85254

6. 7047 E Greenway Parkway 250  
(Mailing Address)  
Scottsdale, AZ 85254

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

Name: Atlantis Program Manager of Southeast, LLC

Office Address: 11950 County Road 101

The Villages, Florida 32162  
(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.

(Registered agent's signature)

17 ALL  
FEB 11 4 49  
FLORIDA

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:
Member	S. Ali Karim 1040 SW 2nd Ave Ocala, FL 34474		

(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 605.0203 (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.

(Signature of an authorized person)

S. Ali Karim

(Typed or printed name of signer)

# STATE OF ARIZONA



## Office of the CORPORATION COMMISSION

### CERTIFICATE OF GOOD STANDING

*To all to whom these presents shall come, greeting:*

*I, Ted Vogt, Executive Director of the Arizona Corporation Commission, do hereby certify that*

**\*\*\*ATLANTIS CARECONNECT LLC\*\*\***

*a domestic limited liability company organized under the laws of the State of Arizona, did organize on the 19th day of May 2016.*

*I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said limited liability company is not administratively dissolved for failure to comply with the provisions of A.R.S. section 29-601 et seq., the Arizona Limited Liability Company Act; and that the said limited liability company has not filed Articles of Termination as of the date of this certificate.*

*This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.*

*IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 29th day of June, 2017. A. D.*



A stylized signature of Ted Vogt, consisting of a large, bold, and somewhat abstract set of strokes.

Ted Vogt, Executive Director

By: 1687001