

8/30/2017

Division of Corporations

M1700007479

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (852)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA080000023
Phone : (512)418-6949
Fax Number : (954)208-0845

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

Email Address: _____

Foreign Limited Liability Company
CONCORDANCE HEALTHCARE SOLUTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

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Help

Aug 31 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CONCORDANCE HEALTHCARE SOLUTIONS 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:

TODD R. HOWELL

Name of Person

CONCORDANCE HEALTHCARE SOLUTIONS LLC

Firm/Company

85 SHAFER PARK DRIVE

Address

TIFFON, OH 44883

City/State and Zip Code

THOWELL@CONCORDANCEHS.COM

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

For further information concerning this matter, please call:

TODD R. HOWELL

419

447-0222

at ()

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. CONCORDANCE HEALTHCARE SOLUTIONS 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. DELAWARE

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

3. 38-3986849

(FEI number, if applicable)

4. _____

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

5. 85 SHAFFER PARK DRIVE

TIFFIN, OH 44883

(Street Address of Principal Office)

6. 85 SHAFFER PARK DRIVE

TIFFIN, OH 44883

(Mailing Address)

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

Name:

C T Corporation System

Office Address:

1200 South Pine Island Road

Plantation

(City)

Florida 33324

(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.

By:

C T Corporation System

JENNIFER QUINN, ASST. SECRETARY

(Registered agent's signature)

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

TODD R. HOWELL, MANAGER, 85 SHAFFER PARK DRIVE, TIFFIN OH 44883

DAN E. RIEMAN, MANAGER, 13400 LAKEFRONT DRIVE, EARTH CITY MO 63045

TOM J. HARRIS, MANAGER, 13400 LAKEFRONT DRIVE, EARTH CITY MO 63045

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

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.

TODD R. HOWELL

Typed or printed name of signee

TODD R. HOWELL, MANAGER, 85 SHAFFER PARK DRIVE, TIFFIN OH 44883
DAN E. RIEMAN, MANAGER, 13400 LAKEFRONT DRIVE, EARTH CITY MO 63045
TOM J. HARRIS, MANAGER, 13400 LAKEFRONT DRIVE, EARTH CITY MO 63045
JAYSEN L. STEVENSON, MANAGER, 3901 WEST 34TH STREET NORTH, SIOUX FALLS SD 57107
RON K. ROEHL, MANAGER, 3901 WEST 34TH STREET NORTH, SIOUX FALLS SD 57107
DOREEN M. NERSESIAN, MANAGER, 13400 LAKEFRONT DRIVE, EARTH CITY MO 63045
KEVIN M. MCDONNELL, MANAGER, 145 HUGUENOT ST. SUITE 108, NEW ROCHELLE NY 10801
GINA M. MARCHESE, MANAGER, 145 HUGUENOT ST. SUITE 108, NEW ROCHELLE NY 10801
ROGER W. BENZ, MANAGER, 85 SHAFFER PARK DRIVE, TIFFIN OH 44883
LISA M. HOHMAN, MANAGER, 85 SHAFFER PARK DRIVE, TIFFIN OH 44883
KEITH E. PRICE, MANAGER, 85 SHAFFER PARK DRIVE, TIFFIN OH 44883
DAVID R. MEYERS, MANAGER, 85 SHAFFER PARK DRIVE, TIFFIN OH 44883
CLAUDIUS "BUDDY" C. WERT, MANAGER, 1473 MOUNTAIN ROAD, ANDERSONVILLE TN 37705

FILED
2017 AUG 30 AM 9:29
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CONCORDANCE HEALTHCARE SOLUTIONS 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 SEVENTH DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN
PAID TO DATE.



5851298 8300

SR# 20175132750

You may verify this certificate online at 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 in a small font.

Authentication: 202845158

Date: 07-07-17