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## Foreign Limited Liability Company FORESITE MSP, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$125.00

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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 A SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. FORESITE MSP. LLC			
(Name of Fore	ign Limited Liability Company; must include "Limi	ted Liability Company," "L.L.C" or	'LLC.")
(If name unavailable, enter al Liability Company," "L.L.C."	ternate name adopted for the purpose of transacting	business in Florida. The alternate nam	e must include "Limited
	AWRE 1	N/A	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4.	UPON QUALIFICATION		_
	(Date first transacted business in Florida, if (See sections 605.0904 & 605.0905, F.S. to do	prior to registration.) termine penalty liability)	
5. 3030 N. Rocky Point	Dr. STE 150A		
Tampa, FL 33607			_
-	(Street Address of Principal Office		
6. 3030 N. Rocky Point	Dr. STE 150A	.,	-
Tampa, FL 33607	(Mailing Address)		-
	(Maning Address)		. •
7. Name and street address	ss of Florida registered agent: (P.O. Box NOT	acceptable)	7
Name:	Northwest Registered Agent, LLC.		
Office Address:	3030 N. Rocky Point Dr. STE 150/	<u>+</u>	<b>%</b> %
		, Florida <u>33607</u>	- 17
	(City)	(Zip code)	60 <del>60</del> <del>60</del>
Registered agent's accep	raistered opent and to accent service of proces.	s for the above stated limited liabi	lity company at the place
designated in this applica	ition. I hereby accept the appointment as regis	tered agent and agree to act in in:	is capacity. + juriner agrec
to complywith the provisi accent the obligations of .	ions of all statutes relative to the proper and co my position as registered	mpiete perjormance oj my aunes _	, ana i am jaminar wan am
activities to the state of the	lan (-		
	(Registered agent's sig	nature)	_
8. The name, title or caps	acity and address of the person(s) who bas/have	authority to manage is/are:	
Robin Mayo - MEM	BER		<del></del>
3030 N. Rocky Poir	nt Dr. STE 150A		
Tampa, FL 3360	)7		
9. Attached is a certificate	of existence, no more than 90 days old, duly a	uthenticated by the official having	custody of records in the
jurisdiction under the law of the translator must be s	of which it is organized. (If the certificate is in	a foreign language, a translation o	f the certificate under oath
of the translator must be a	Margan	ملح	
	Signature of an authorize		_
This document is executed submitted in a document to	d in accordance with section 605.0203 (1) (b). For the Department of State constitutes a third department of State constitutes a	florida Statutes. I am aware that an gree felony as provided for in \$.817	y false information 7.155, F.S.
	MORGAN NO		
	Typed or printed name of		

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FORESITE MSP., 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 TWENTY-FIRST DAY OF SEPTEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FORESITE MSP, LLC" WAS FORMED ON THE TENTH DAY OF JULY, A.D. 2013.

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

117 SEP 22 AM 8: 49

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Authentication: 203268399

Date: 09-21-17

5364538 8300

SR# 20176276694
You may verify this certificate online at corp.delaware.gov/authver.shtml