

M17000009542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

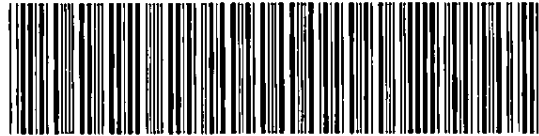
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Certified Copies _____ Certificates of Status _____

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M. MILLIGAN

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Adam's Review, 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:

Jesse Overbay, JD

Name of Person

DoctorsManagement, LLC

Firm/Company

10401 Kingston Pike

Address

Knoxville, TN 37922

City/State and Zip Code

joverbay@drsmgmt.com

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

For further information concerning this matter, please call:

Jesse Overbay

865

531-0176

at ()

Name of Contact Person

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

DOCTORS MANAGEMENT

Leave the business of medicine to us

10401 Kingston Pike 2631-A NW 41st Street
Knoxville, TN 37922 Gainesville, FL 32606
(800) 635-4040 (800) 635-4040
(865) 531-0176 (352) 371-9140
(865) 531-0722 Fax (352) 371-6216 Fax

www.drsmgmt.com

October 19, 2017

Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

Re: Business/Corporate Establishment, Adams Review LLC

Please find enclosed application (and fees) for registration of Adams Review, LLC, to transact Business in the State of Florida. Also enclosed is the Certificate of Status for Adams Review, LLC.

Thank you.

Sincerely,
DoctorsManagement, LLC



Jesse D. Overbay, JD
Associate General Counsel

Enclosures:

Application
Application Fee
Certificate of Status

**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. Adam's Review, 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 3. 82-0613610
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 1040 37th Place 6. 1040 37th Place
(Street Address of Principal Office) (Mailing Address)
Suite 101 Suite 101
Vero Beach, FL 32960 Vero Beach, FL 32960

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

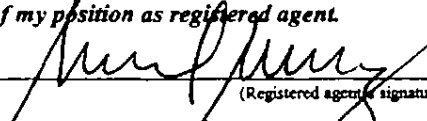
Name: Michael Munz, MD

Office Address: 1040 37th Place, Suite 101

Vero Beach, Florida 32960
(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)

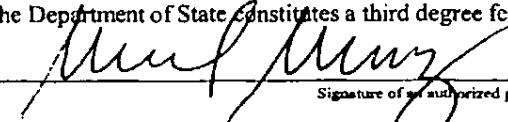
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Michael Munz, MD</u>	<u>1040 37th Place, Suite 101</u> <u>Vero Beach, FL 32960</u>	<u>Manager</u>	_____ _____ _____
_____	_____ _____ _____	_____	_____ _____ _____

(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 authorized person
MICHAEL MUNZ
Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADAM'S REVIEW 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 FOURTH DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADAM'S REVIEW LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF APRIL, A.D. 2011.

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

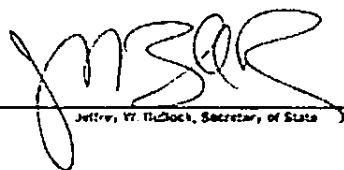
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SR# 20176472111

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


Jeffrey W. Bullock, Secretary of State

Authentication: 203340865

Date: 10-04-17