

M17000009990

(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 to Filing Officer:

Office Use Only



600304129556

10/06/17--01010--019 \*160.00

NOV 27 AM 8:32

NOV 29 2017  
J. HARRIS

**COVER LETTER**

**TO:     Registration Section**  
**Division of Corporations**

**SUBJECT:**     Health Choice Enterprises, 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:

Aaron Branstetter

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

Health Choice Enterprises, LLC

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

4350 Brownsboro Road Suite 133

\_\_\_\_\_  
Address

Louisville, KY 40207

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

kylia.sullivan@healthchoiceservices.com

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

For further information concerning this matter, please call:

Aaron Branstetter

502

5487645

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 1, 2017

AARON BRANSTETTER  
4350 BROWNBORO ROAD SUITE 133  
LOUISVILLE, KY 40207

SUBJECT: HEALTH CHOICE ENTERPRISES, LLC  
Ref. Number: W17000080177

We have received your document for HEALTH CHOICE ENTERPRISES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 417A00022118

2017 NOV 27 PM 12:33

FLORIDA DEPARTMENT OF STATE

*Please see corrected form*

2017 NOV 27 PM 12:33

2017 NOV 27 AM 8:32

711



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 10, 2017

AARON BRANSTETTER  
4350 BROWNBORO ROAD SUITE 133  
LOUISVILLE, KY 40207

SUBJECT: HEALTH CHOICE ENTERPRISES, LLC  
Ref. Number: W17000080177

We have received your document for HEALTH CHOICE ENTERPRISES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 017A00020376

2017 OCT 30 PM 12:52

RECEIVED

**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. Health Choice Enterprises, 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. IN 3. 45-1438622  
(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. Health Choice Enterprises, LLC 6. Health Choice Enterprises, LLC  
(Street Address of Principal Office) (Mailing Address)  
4350 Brownsboro Road Ste 133 4350 Brownsboro Road Ste 133  
Louisville, KY 40207 Louisville, KY 40207

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

Name: Aaron Branstetter

Office Address: 2052 Par Drive  
Naples, Florida 34120  
(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.*

Aaron Branstetter  
(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>Business Manager</u>	<u>Kylia Sullivan</u> <u>4350 Brownsboro Rd Ste 133</u> <u>Louisville KY 40207</u>	<u>CPA / Financial Adv</u>	<u>Matt Neely</u> <u>702 N Shore Dr Ste 500</u> <u>Jeffersonville, IN 47130</u>
<u>Administrator</u>	<u>Cheyenne Mayfield</u> <u>4350 Brownsboro Rd Ste 133</u> <u>Louisville, KY 40207</u>	<u>President</u>	<u>Neal Branstetter</u> <u>4350 Brownsboro Rd Ste 133</u> <u>Louisville KY 40207</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.

Aaron Branstetter  
Signature of an authorized person

Aaron Branstetter

Typed or printed name of signer

**State of Indiana**  
**Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

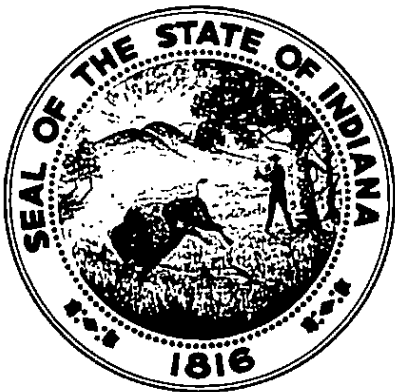
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**HEALTH CHOICE ENTERPRISES, LLC**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on March 26, 1998, and was in existence or authorized to transact business in the State of Indiana on October 24, 2017.

I further certify this Foreign Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, October 24, 2017

*Connie Lawson*

CONNIE LAWSON  
SECRETARY OF STATE

1998032114 / 2017434575

Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>