

M17000010773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

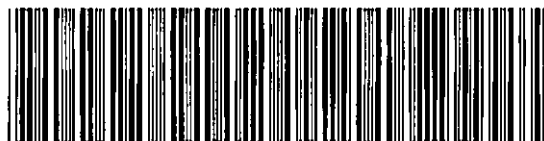
(Document Number)

Certified Copies _____

Certificates of Status _____

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12/05/17--01035--025 **125.00

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17 DEC 10 PM 4:9
CLERK OF STATE
TALLAHASSEE, FLORIDA

DEC 20 2017

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2017

SHERRY R HINTON
PO BOX 1437
COLUMBUS, GA 31902

SUBJECT: ASPIRION HEALTH RESOURCES, LLC
Ref. Number: W17000097109

We have received your document for ASPIRION HEALTH RESOURCES, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

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.

Please return 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: 217A00024768

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Aspirion Health Resources, 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:

Sherry R. Hinton

Name of Person

Aspirion Health Resources

Firm/Company

P. O. Box 1437

Address

Columbus, Georgia 31902

City/State and Zip Code

sherry.hinton@aspirionhealth.com

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

For further information concerning this matter, please call:

Sherry Hinton

706

256-5255

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. Aspiration Health Resources, 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. Georgian 3. 45-5040768
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 11/14/2017
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1506 6th Avenue, Suite 3 6. P. O. Box 1437
(Street Address of Principal Office) (Mailing Address)
Columbus, GA 31901 Columbus, GA 31902

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

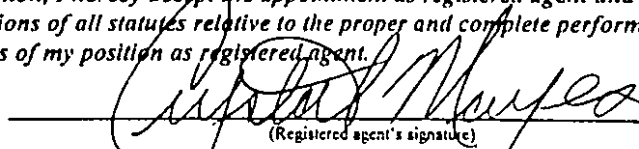
Name: Crystal Mayes

Office Address: 1536 Softshell Street

Saint Cloud, Florida 34771
(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:

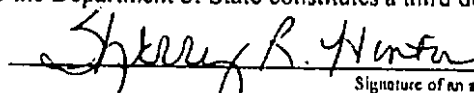
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>
<u>Member</u>	<u>W. Charles Day</u> <u>7210 Stillwater Drive</u> <u>Columbus, GA 31904</u>	<u>CEO</u>
<u>CFO</u>	<u>Sherry R. Hinton</u> <u>1001 Christmas Court</u> <u>Midland, GA 31820</u>	

RECEIVED
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA
DEC 18 2017
FILED
Name and Address:
Bill Lingo
518 Buckeye Loop North
Midland, GA 31820

(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

Sherry R. Hinton

Typed or printed name of signee

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brian P. Kemp**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

ASPIRION HEALTH RESOURCES, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima facie evidence that said entity is in existence or is authorized to transact business in this state.

FILED
17 DEC 18 PM 4:19
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

Docket Number : 14989151
Date Inc/Auth/Filed: 04/11/2012
Jurisdiction : Georgia
Print Date : 12/18/2017
Form Number : 211



B. P. Kemp

Brian P. Kemp
Secretary of State