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1/17/2018

Division of Corporations

Florida Department of State
Division of Corporations
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Foreign Limited Liability Company
MAP Revenue Cycle Solutions, LLC

Resubmission
Requesting
original filing
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J. LEGGETT
JAN 19 2018

FAX COVER SHEET

| | |
|------------|---|
| TO | |
| COMPANY | |
| FAX NUMBER | 18506176383 |
| FROM | Ranae McGraw |
| DATE | 2018-01-18 11:32:24 CST |
| RE | *Resubmission* MAP Revenue Cycle Solutions, LLC |

COVER MESSAGE

Julie Outlaw
Associate Fulfillment Specialist
Fulfillment Operations
CT Corporation

Team (614) 280-3338
GlobalFulfillmentTeam@wolterskluwer.com



4400 Easton Commons Way Suite 125 Columbus, Ohio 43219
www.wolterskluwer.com

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAP Revenue Cycle 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:

Kristin Wagner

Name of Person

MAP Health Management, LLC

Firm/Company

1114 Lost Creek Blvd, Suite 500

Address

Austin, TX 78746

City/State and Zip Code

kristinw@thisismap.com

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

For further information concerning this matter, please call:

Kristin Wagner

at (512) 377-6707

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. MAP Revenue Cycle 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. Texas
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 81-3310775
(FEI number, if applicable)
4. 9/1/2017
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 101 W Louis Henna Blvd, Suite 200
(Street Address of Principal Office)
Austin, TX 78728
6. 1114 Lost Creek Blvd, Suite 500
(Mailing Address)
Austin, TX 78746
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: CT Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.

By: CT Corporation System Danny Verdecchia Danny Verdecchia
(Registered agent's signature) Assistant Secretary

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

| Title or Capacity: | Name and Address: | Title or Capacity: | Name and Address: |
|--------------------|--|--------------------|-------------------|
| Member | Jacob Levenson 1114 Lost Creek Blvd, Ste 500 Austin, TX 78746 | | |
| Member | Lilly Davenport 1114 Lost Creek Blvd, Ste 500 Austin, TX 78746 | | |

(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.

Lilly Davenport
Signature of an authorized person
Lilly Davenport, Member
Typed or printed name of signer

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Rolando B. Pablos
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for MAP Revenue Cycle Solutions, LLC (file number 802501780), a Domestic Limited Liability Company (LLC), was filed in this office on July 18, 2016.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 12, 2018.



A handwritten signature in black ink, appearing to read "R. Pablos".

Rolando B. Pablos
Secretary of State

Come visit us on the internet at <http://www.sos.state.tx.us/>

Phone: (512) 463-5555
Prepared by: SOS-WEB

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