

M18000000622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

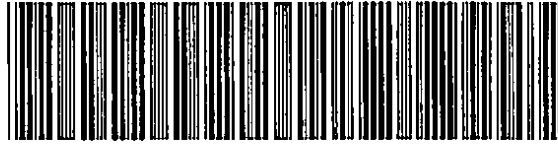
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 10, 2018

BETH WILLIAMSON
633 S FEDERAL HWY
FT LAUDERDALE, FL 33301

SUBJECT: PATIENT ADVANTAGE HEALTHCARE FINANCING SOLUTIONS,
LLC
Ref. Number: W18000002770

We have received your document for PATIENT ADVANTAGE HEALTHCARE FINANCING SOLUTIONS, 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.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 718A00000661

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Patient Advantage Healthcare Financing 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:

Beth Williamson

Name of Person

Conrad & Scherer, LLP

Firm/Company

633 South Federal Highway

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

bwilliamson@conradscherer.com

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

For further information concerning this matter, please call:

Beth Williamson

954

847-3317

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. Patient Advantage Healthcare Financing 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. Wyoming 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 414 Riviera Isles Drive
(Street Address of Principal Office)
Fort Lauderdale, FL 33301

6. 414 Riviera Isles Drive
(Mailing Address)
Fort Lauderdale, FL 33301

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

Name: Conrad & Scherer, LLP
Office Address: 633 South Federal Highway, 8th Floor
Fort Lauderdale, Florida 33301
(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.

/s/ Beth Williamson
(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>Managing Director</u>	<u>Nicholas A. Bidic</u> <u>414 Riviera Isles Drive</u> <u>Fort Lauderdale, FL 33301</u>	<u>Director</u>	<u>Steven M. Mariano</u> <u>414 Riviera Isles Drive</u> <u>Fort Lauderdale, FL 33301</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.

/s/ Nicholas A. Bidic

(Signature of an authorized person)

Nicholas A. Bidic

(Typed or printed name of signer)

STATE OF WYOMING
Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Patient Advantage Healthcare Financing Solutions, LLC

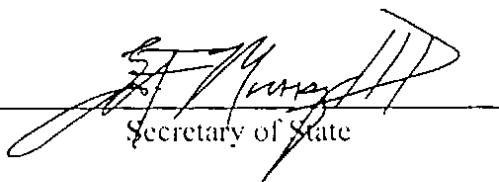
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **January 4, 2018**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2018-000783216**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 11th day of January, 2018 at 2:00 PM. This certificate is assigned 025188935.




Secretary of State