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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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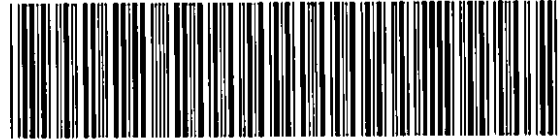
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CG Healthcare Funding 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:

Travis Berry

Name of Person

ClearGage LLC

Firm/Company

3810 Northdale Blvd., Suite 210

Address

Tampa, FL 33624

City/State and Zip Code

Travis.Berry@ClearGage.com

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

For further information concerning this matter, please call:

Chip Hunziker

813

774-6547

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. CG Healthcare Funding 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. 81-5258631
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. June 23, 2017
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 3810 Northdale Blvd., Suite 210 6. 3810 Northdale Blvd., Suite 210
(Street Address of Principal Office) (Mailing Address)
Tampa, FL 33624 Tampa, FL 33624

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

Name: Walk Law Firm, PA

Office Address: 100 S. Ashely Dr., Suite 620
Tampa, Florida 33602
(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>CEO</u>	<u>Chip Hunizker</u> <u>3810 Northdale Blvd., Suite 21</u> <u>Tampa, FL 33624</u>	<u>COO</u>	<u>John Zdanowicz</u> <u>3810 Northdale Blvd., Suite 2</u> <u>Tampa, FL 33624</u>
<u>Secretary</u>	<u>Travis Berry</u> <u>3810 Northdale Blvd., Suite 21</u> <u>Tampa, FL 33624</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 an authorized person
Travis Berry
Typed or printed name of signer

Delaware

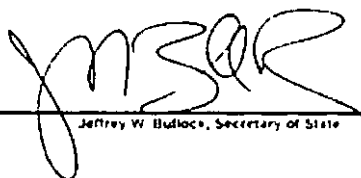
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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CG HEALTHCARE FUNDING 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 FOURTEENTH DAY OF FEBRUARY, A.D. 2018.

18 FEB 21 AM 9:49
JEFFREY W. BULLOCK
SECRETARY OF STATE




Jeffrey W. Bullock, Secretary of State

6232700 8300

SR# 20180865961

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

Authentication: 202149702

Date: 02-14-18