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HUSCH BLACKWELL

Stephanie Martinez Paralegal

111 Congress Avenue, Suite 1400

Austin, TX 78701 Direct: 512.479.9732 Fax: 512.226.7339

stephanie.martinez@huschblackwell.com

March 5, 2018

VIA FEDERAL EXPRESS

Department of State Division of Corporations Attn: Registration Division Clifton Building 2661 Executive Center Cir. Tallahassee, FL 32301

Re: Application by Foreign Limited Liability Company – MCCI of Texas Hospitalist Group, LLC

Dear Sir or Madam:

Enclosed for filing with your office on an expedited basis, please find the application by foreign limited liability company for authorization to transact business in Florida for MCCI of Texas Hospitalist Group, LLC.

Also enclosed is a check in the amount of \$125.00 for the filing fee. Please return a file-stamped copy of the application by foreign limited liability company for authorization to transact business in Florida in the enclosed self-addressed envelope.

If you have any questions, please do not hesitate to contact me.

Yours very truly.

Stephanie Martinez,

Stephanie Mary

Paralegal

Enclosures

COVER LETTER

	egistration Section ivision of Corporations	
SUBJECT:	MCCI Of Texas Hospitalist Group, LLC	
2020	Name of Limited Liability Co	ompany
The enclosed Existence, an	sed "Application by Foreign Limited Liability Company for Authorizati and check are submitted to register the above referenced foreign limited	on to Transact Business in Florida," Certificate of d liability company to transact business in Florida.
Please return	un all correspondence concerning this matter to the following:	
	Stephanie Martinez	
	Name of Person	
	Husch Blackwell LLP	
	111 Congress Avenue, Suite 1400	
	Address	
	Austin, Texas 78701	
	City/State and Zip Code	
	afernandez@advinity.com	
	E-mail address: (to be used for future annual re	eport notification)
For further in	information concerning this matter, please call:	
Step	tephanie Martinez 512	479-9732
	Name of Contact Person Area Code	Daytime Telephone Number
Divi Regi P.O.	ivision of Corporations egistration Section O. Box 6327 callahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Fallahassee, FL 32301
	s a check for the following amount: \$125.00 Filing Fee \$\square\$ \$130.00 Filing Fee \$\cdot\ Certificate of Status \$\square\$ Certified Copy	Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy

DocuSign Envelope ID: B209592E-9603-4B07-8829-F6C04552C95A

. 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 TIMITIED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

exas (Jurisdiction under the law of which foreign limited habilit	are of tremperant passages, mr. tortum	a. The alternate name must include "Limited L	ability Company," "L.L.C," or "LLC,")
(Jurisdiction under the law of which foreign limited habilit		3. 46-1853023	
	ty company is organized)	(FEI mu	nber, if applicable)
03/01/18			
(Date first transacte (See sections 605.0	d business in Florida, if prior to reg 90-1 & 605,0905, F.S. to determine	istration.) penalty liability)	
775 W. Indiantown Rd., Suite 6		6. 775 W. Indiantown Rd., S	Suite 6 🖫 😅 👼
(Street Address of Principal Office)		(Mailing Ac	diess) 三〇 玉 T
Jupiter, Florida 33458		Jupiter, Florida 33458	5
			<u> </u>
Name and <u>street address</u> of Florida regist	ered agent: (P.O. Boy.)	viOT acceptable)	연유 고
	- ·	<u>vor</u> acceptable)	TOP STATE
Name: Alyn Casal-Ferr	nandez, MD		智計 3
Office Address: 775 W. Indianto	wn Rd., Suite 6		T.*
Jupiter		, Florida 33458 (Zip co	
	(Ciry)	(Zip co	ode)
	Alyn Casal Fern	natue)	_
The name, title or capacity and address of			
Title or Capacity: Name:	and Address:	Title or Capacity:	Name and Address:
	asal-Fernandez, MD		
	T. P. Assess D. L. Ca., C.		-
775 W.	Indiantown Rd., Ste. 6 Florida		
775 W.			
775 W. Jupiter, se attachments if necessary)	Florida	aly authenticated by the official l	naving custody of records in t
se attachments if necessary) attached is a certificate of existence, no nesdiction under the law of which it is organized.	Florida nore than 90 days old, du		
se attachments if necessary)	Florida nore than 90 days old, du		
re attachments if necessary) Attached is a certificate of existence, no nesdiction under the law of which it is organe translator must be submitted) This document is executed in accordance	nore than 90 days old, dunized. (If the certificate see with section 605.0203 (is in a foreign language, a transli 1) (b), Florida Statutes, I am awa	ation of the certificate under o
attachments if necessary) Attached is a certificate of existence, no nesdiction under the law of which it is organe translator must be submitted) This document is executed in accordance mitted in a document to the loopattatement of	nore than 90 days old, dunized. (If the certificate see with section 605.0203 (is in a foreign language, a transli 1) (b), Florida Statutes, I am awa I degree felony as provided for in	ation of the certificate under o



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 MCCI OF TEXAS HOSPITALIST GROUP, PLLC (file number 801713092), a Domestic Limited Liability Company (LLC), was filed in this office on January 07, 2013.

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 February 27, 2018.



Prepared by: SOS-WEB



Rolando B. Pablos Secretary of State

: (512) 463-5709 Dial: 7-1-1 for Relay Services TID: 10264 Document: 796309540003