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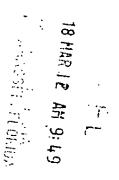
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Ward-	-Murray &	Lealth Care Limited Liability Company	- Consulting LL
The enclosed "Application by Fore	ign Limited Liability Comp	oany for Authorization to Tra	ansact Business in Florida," Certificate of y company to transact business in Florida.
Please return all correspondence co	oncerning this matter to the	following:	
	Pebecca f	2. Murro ame of Person	iey
_ Wa	rd-Murra Fi	y Health	Care + Consulfina
7442	Sugar B	end Driv Address	e
Orlo	endo, FL City/S	3 2 8 1 9 tate and Zip Code	
rebec	Camuray E-mail address: (to be used	for future annual report pot	mail. com
For further information concerning	this matter, please call:		
Rebecca Name of	Murray Contact Person	at (<u>407</u>) 5 Area Code Day	158-9700 Viime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrat Clifton B 2661 Exc	of Corporations ion Section suilding ceutive Center Circle see, FL 32301
Enclosed is a check for the following \$125.00 Filing Fee	ng amount: 12 \$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 LIABIL COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Ward-Murray Health care & Consulting 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.
$_{4}$, $_{\mathcal{V}}/_{\mathcal{A}}$
(Date first transacted business in Florida, it prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 7442 Sugar Bend Drive Onlando, FL32819 6. 7512 Dr. Phillips Blvd (Mailing Address) Suite 50-311 Onlando, FL 32819
Onlando, F L 32819
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Rebleca K. Murray
Office Address: 7442 Sugar Bend Drive
Orlando Florida 32819 &
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 agr to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and Lam Jamiliar with and accept the obligations of my position as registered agent.
Labece J Munas 5
(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> Name and Address: <u>Name and Address:</u> Title or Capacity: Name and Address:
anaging Member Repeasa Merricey
1442 Sugar Bend B Orlande FL 32819
(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 follows as provided for in s.817.155, F.S.
Signature of an authorized person Rebecca R Murray
Typed or printed name of signee

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof. DO HEREBY CERTIFY, that articles of organization for

WARD-MURRAY HEALTHCARE AND CONSULTING, LLC

a domestic limited liability company, were filed in this office on January 31, 2014.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such limited liability company is in existence.

Secretary of the State

Menk

Date Issued: March 07, 2018

18 MAR 12 AM 9: 49

Business ID: 1131117 Express Certificate Number: 2018139227001

Note: To verify this certificate, visit the web site http://www.concord.sots.et.gov