

M18000004636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

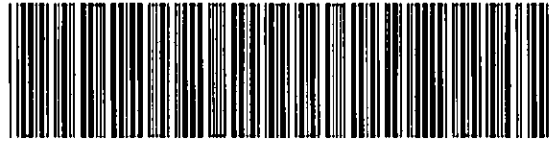
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100313088501

05/14/18--01038--014 ++125.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 MAY 14 AM 11:38

105
15-18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Performance Healthcare Partners, 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:

Michael T. Tricoli
Name of Person

Performance Healthcare Partners, LLC
Firm/Company

660 Palm Springs Drive, Ste. B
Address

Altamonte Springs, FL 32701
City/State and Zip Code

MTricoli@~~just~~surgeryctr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Tricoli at (407) 332-9871
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. Performance Healthcare Partners, 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. 82-5142774
(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. 660 Palm Springs Dr. 6. 660 Palm Springs Dr.
(Street Address of Principal Office) (Mailing Address)
Suite B Suite B
Altamonte Springs, FL 32701 Altamonte Springs, FL 32701

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

Name: Michael Tricoli

Office Address: 660 Palm Springs Dr, Ste. B
Altamonte Springs, Florida 32701
(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.

[Signature]
(Registered agent's signature)

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:
<u>Manager</u>	<u>William J. Tricoli</u> <u>660 Palm Springs Dr, Ste. B</u> <u>Altamonte Springs, FL 32701</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]
Signature of an authorized person
William J. Tricoli
Typed or printed name of signee

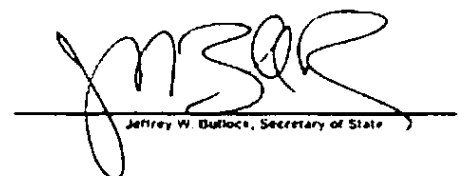
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 MAY 14 AM 11:38

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "PERFORMANCE HEALTHCARE PARTNERS, 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 THIRD DAY OF MAY, A.D. 2018.



Jeffrey W. Bullock, Secretary of State

6838724 8300

SR# 20183226422

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

Authentication: 202633752

Date: 05-03-18