

M18000005256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

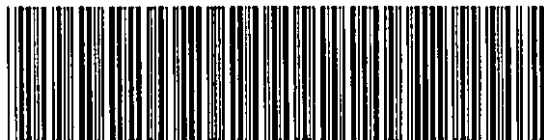
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2018 MAY 30 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

M. MILLIGAN

JUN 05 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Key West Anesthesia Services 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 Crouch

Name of Person

Key West Anesthesia Services LLC

Firm/Company

PO Box 1612

Address

Sedalia, MO 65302-1612

City/State and Zip Code

accounting@mbamailserver.com

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

For further information concerning this matter, please call:

Michael Crouch

Name of Contact Person

660

at ()

Area Code

827-0492

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Chilton 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 605.0602, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Key West Anesthesia Services, 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. Missouri

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 37-1881564

(TIN number, if applicable)

4. 06-18-2018

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0603 & 605.0605, F.S. to determine penalty liability)

5. 3102 Erica

(Street Address of Principal Office)

6. PO Box 1612

(Mailing Address)

Sedalia, MO 65301

Sedalia, MO 65302

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

Name: Registered Agents Inc.

Office Address: 3030 N. Rocky Point Dr. STE 150A

Tampa

(City)

Florida 33607

(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.

Brett H. Hume

(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:

Officer

Rob Clemens

Officer

3102 Erica

Sedalia, MO 65301

Accountant

Michael Crouch

Officer

3102 Erica

Sedalia, MO 65301

(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.

Michael Crouch

(Signature of an authorized person)

Michael Crouch

(Typed or printed name of signer)

FILED
2018 MAY 30 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

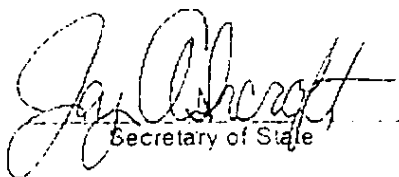
CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

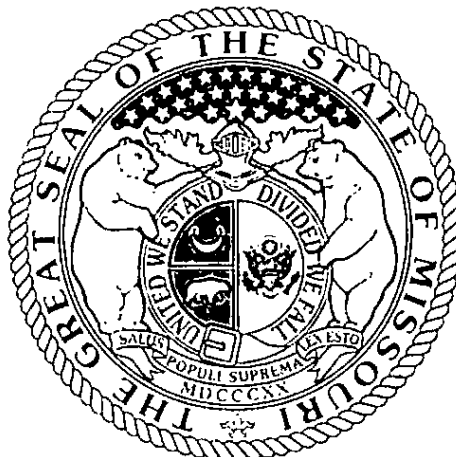
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Key West Anesthesia Services, LLC
LC001578568

was created under the laws of this State on the 23rd day of February, 2018, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 22nd day of May, 2018.


Secretary of State



Certification Number: CERT-05222018-0055