

MIS 000005791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

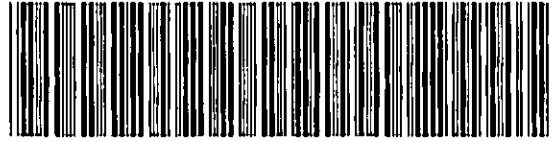
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600313307686

05/15/18--01015--028 **160.00

06/19/18--01003--023 **777.50

RECEIVED
2018 JUN 19 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06-21-18

1186000046464



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 16, 2018

RAFAEL RAMIREZ
P O BOX 195492
SAN JUAN, PR 00919 US

SUBJECT: MCS HEALTHCARE HOLDINGS, LLC
Ref. Number: W18000046464

We have received your document for MCS HEALTHCARE HOLDINGS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$777.50.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Janeice L Smith
Regulatory Specialist II
Registration Section

Letter Number: 918A00010150

RAFAEL RAMIREZ BALL
e-mail: rrb@acostaramirez.com

June 11, 2018

BY CERTIFIED MAIL
ARTICLE NO.: 70180360000177232515

Florida Department of State (Division of Corporations)
Janeice L. Smith
Regulatory Specialist II
Registration Section
PO Box 6327
Tallahassee, FL 32314

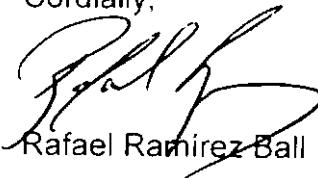
Re.: MCS HEALTHCAREHOLDINGS, LLC
EIN: 66-0850198
LTR Dated May 16, 2018
Ref Number: W18000046464

Dear Mrs. Smith:

On behalf of MCS Healthcare Holdings, LLC, and in connection with your letter dated May 16, 2018 (See attached copy of the letter) we hereby include check number 6786 in the amount of \$777.50 to cover the civil penalty and annual filing fees.

We thank you in advance for your prompt assistance to this matter. Should you have any questions, please contact the undersigned.

Cordially,



Rafael Ramirez Ball

RRB:arg¹
Enclosures

¹ \\diskstation\clients - restored\mcs\mcs healthcare holdings llc\trans 06112018 florida department of state.docx

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MCS HEALTHCARE HOLDINGS, 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:

RAFAEL RAMIREZ

Name of Person

ACOSTA & RAMIREZ LAW OFFICES, LLC

Firm/Company

PO BOX 195492

Address

SAN JUAN, P.R. 00919-5492

City/State and Zip Code

rrb@acostaramirez.com

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

For further information concerning this matter, please call:

RAFAEL RAMIREZ

787

977-1687

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 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MCS HEALTHCARE HOLDINGS, 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. PUERTO RICO 3. 66-0850198
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)
4. JANUARY 1, 2016
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)
5. MCS PLAZA, 9TH FLOOR 6. PO BOX 902400
(Street Address of Principal Office) (Mailing Address)
255 PONCE DE LEON AVE. SAN JUAN, P.R. 00902-4200
SAN JUAN, P.R. 00918

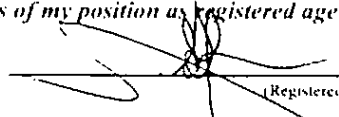
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: MICHAEL DE NEVE

Office Address: 3403 E DEBAZAN AVE
ST PETE BEACH, Florida 33706
(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.

 (MICHAEL DE NEVE)
(Registered agent's signature)

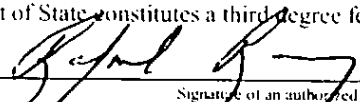
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>
<u>CEO</u>	<u>JAMES O'DROBINAK</u> <u>ACQUAMARINA 301</u> <u>SAN JUAN, P.R. 00907</u>	
<u>CFO</u>	<u>JOSE APONTE AMADOR</u> <u>CAPARRA TOWN PARK B8</u> <u>LUIN STREE #16</u> <u>GUAYNABO, P.R. 00969</u>	

(Use attachments if necessary)

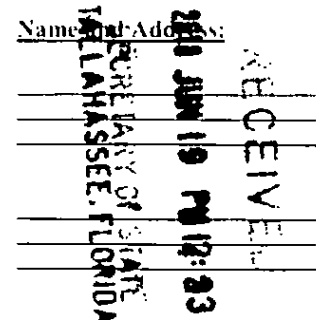
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must 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)

RAFAEL RAMIREZ

(Typed or printed name of signer)





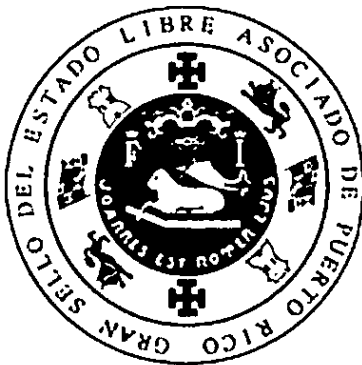
Government of Puerto Rico

CERTIFICATE OF EXISTENCE

I, **LUIS G. RIVERA MARÍN**, Secretary of State of the Government of Puerto Rico,

CERTIFY: That, **MCS HEALTHCARE HOLDINGS LLC**, registry number **365844**, is a domestic for profit limited liability company, organized on **December 3, 2015**, in accordance to the General Corporations Law, as amended.

This certification does not certify that this corporation has filed its annual reports, pursuant to the requirements of the General Corporations Law, as amended. If you need to know if such reports have been filed, you must request a Certificate of Good Standing.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **May 7, 2018**.

A handwritten signature in black ink, appearing to be "LGR", with a long horizontal flourish extending to the right.

LUIS G. RIVERA MARÍN
Secretary of State

To validate this certificate go to: <http://estado.pr.gov/>

This certificate can be validated an unlimited number of times before its expiration date of 07-May-2019.

Certificate Validation Number: **249276-69143995**