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(Requestor's Name)
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(Business Entity Name)
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	MHS Payco, LLC					
		Name of	Limited Liability	Company		
					ansact Business in Florida," Certificate y company to transact business in Flor	
Please return	all correspondence	concerning this matter to the	following:			
	Kendra Perkins	5				
		N	ame of Person			
	MHS Payco, L	LC				
		F	irm/Company			
	3235 Levis Co	mmons Blvd.				
			Address			
	Perrysburg, Ol	1 43551				
		City/S	tate and Zip Code			
	Kendra.Perkins@	•				
		E-mail address: (to be use	d for future annua	l report no	tification)	
For further in	formation concernin	g this matter, please call:				
Kendra Perkins			419 at (482-11)		
	Name o	f Contact Person	Area Code	Day	rtime Telephone Number	
Divis Regi P.O.	LING ADDRESS: sion of Corporations stration Section Box 6327 chassee, FL 32314			Division Registrat Clifton B 2661 Exc	ecutive Center Circle	
				Tallahass	see, FL 32301	
	check for the follow 25.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filin Certified Copy	ng Fee &	☐ \$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: L MHS Payco, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter attenuate same adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Limbility Company," "L L C," or "LLC.") 2 Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (Dute first transacted business in Florida, if prior to tegistration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) MHS Payco, LLC (Street Address of Principal Office) (Mailing Address) ME AS MAILUI HOWES 3235 Levis Commons Blvd. Perrysburg, OH 43551 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) InCorp Services, Inc. Name: 17888 67th Court North Office Address: Loxabatchee 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. Nicole Acosta on behalf of InCorp Services, Inc. 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: ruthurized Sianur (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.

Typed or printed name of signer

Matthew R. Persinger



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MHS PAYCO, 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 SEVENTEENTH DAY OF OCTOBER, A.D. 2018.

Authentication: 203627339

Date: 10-17-18