

M180000011517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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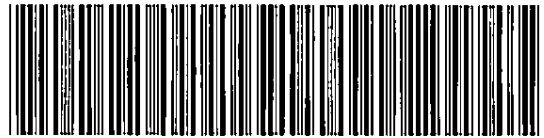
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
TALLAHASSEE, FL

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18 DEC 20 PM 1:44

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32304

DEC 21

S. PRATHER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Physician Services IPA, LLC

Signature _____

Requested by: SETH

12/18/18

Name

Date

Time

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Physician Services IPA, 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:

Sara Santiago

Name of Person

VaxCare Corporation

Firm/Company

3113 Lawton Rd., Ste#250

Address

Orlando, FL 32803

City/State and Zip Code

ssantiago@vaxcare.com

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

For further information concerning this matter, please call:

Sara Santiago

888
at ()

829-8550

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. Physician Services IPA, 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. Florida- New York 3. 46-3503852
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3113 Lawton Rd., Ste#250
(Street Address of Principal Office)
Orlando, FL 32803

6. 3113 Lawton Rd., Ste#250
(Mailing Address)
Orlando, FL 32803

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

Name: Your Capital Connection, Inc.

Office Address: 417 E. Virginia St. Ste 1

Tallahassee, Florida 32301
(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:

President

Casey B. DeLoach
3113 Lawton Rd., Ste#250
Orlando, FL 32803

Director

David DeLoach
3113 Lawton Rd., Ste#250
Orlando, FL 32803

Secretary

John G. Crabtree
3113 Lawton Rd., Ste#250
Orlando, FL 32803

Director

Jon Mazzoli
3113 Lawton Rd., Ste#250
Orlando, FL 32803

(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

Casey B. DeLoach

Typed or printed name of signer

FILED
2018 DEC 20 AM 10:03
TALLAHASSEE, FL

**State of New York
Department of State } ss:**

I hereby certify, that PHYSICIAN SERVICES IPA, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/29/2013, and that the Limited Liability Company is existing so far as shown by the records of the Department.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 18th day of December
two thousand and eighteen.*

A handwritten signature in black ink, reading "Whitney Clark". The signature is fluid and cursive, with the first name "Whitney" and the last name "Clark" clearly distinguishable.

Whitney Clark
Deputy Secretary of State