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To: Division of Corporations
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From: Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS,
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: rob@funding4doctors.com

Foreign Limited Liability Company
Ortho Neuro Management LLC

Certificate of Status	0
Certified Copy	1
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2019 JAN -7 PM 12:23

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Help

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. Ortho Neuro Management LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. DE 3. 83-2896005
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. January 1, 2019
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 8147 Copernicus Way 6. 8147 Copernicus Way
(Street Address of Principal Office) (Mailing Address)
Suite 103 Suite 103
Trinity, FL 34655 Trinity, FL 34655

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

Name: Robert D. Marchant
Office Address: 8147 Copernicus Way, Suite 103
Trinity, Florida 34655
(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:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Manager</u>	<u>Robert D. Marchant</u> <u>8147 Copernicus Way, Ste 103</u> <u>Trinity, FL 34655</u>		
<u>Manager</u>	<u>Charles William Blackburn</u> <u>8147 Copernicus Way, Ste 103</u> <u>Trinity, FL 34655</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

Robert D. Marchant
Typed or printed name of signer

Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ORTHO NEURO MANAGEMENT, 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 SEVENTH DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ORTHO NEURO MANAGEMENT, LLC" WAS FORMED ON THE EIGHTH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

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Jeffrey W. Bullock, Secretary of State

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Date: 01-07-19