

M19000002733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

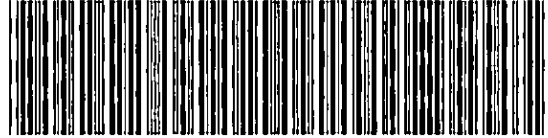
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

penalty, cert W19-16816

Office Use Only



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02/03/19--01019--014 **160.00

03/05/19--01021--037 **777.50

FILED
19 MAR -5 AM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MAR 2 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2019

JILL RECORD
3630 ILLINOIS RD
FT WAYNE, IL 46804

SUBJECT: PRIORITY LIFE CARE, LLC
Ref. Number: W19000016816

We have received your document for PRIORITY LIFE CARE, 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):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$777.50.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 519A00003580

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Priority Life Care, 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:

Jill Record

Name of Person

Priority Life Care, LLC

Firm/Company

3630 Illinois Road

Address

Fort Wayne, IN 46804

City/State and Zip Code

jrecord@prioritylc.com

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

For further information concerning this matter, please call:

Jill Record

708

309-0864

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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 605.092, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Priority Life Care, 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. State of Delaware 46-2678286
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. December 2017
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3630 Illinois Road
(Street Address of Principal Office)

6. 3630 Illinois Road
(Mailing Address)

Fort Wayne, IN 46804

Fort Wayne, IN 46804

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

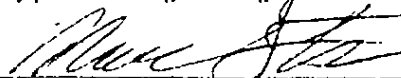
Name: Mark Starks, VP Operations

Office Address: 3479 54th Avenue North

St. Petersburg 33714
(City) Florida (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.


(Registered agent's signature)

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TALLAHASSEE, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

Title or Capacity: Name and Address:
☒ Manager Name: Severine Petras Wells
☒ Member Address: Priority Life Care, LLC
☐ Authorized 2000 PGA Blvd, Suite 4440
Person Palm Beach Gardens, FL 33408
☐ Other ☐ Other

☐ Manager Name: Mark Starks, VP Operations
☐ Member Address: Bristol Court
☒ Authorized 3479 54th Avenue North
Person St. Petersburg, FL 33714
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other ☐ Other

Title or Capacity: Name and Address:
☒ Manager Name: Bobby Petras, COO
☒ Member Address: Priority Life Care, LLC
☐ Authorized 3630 Illinois Road
Person Fort Wayne, IN 46804
☐ Other ☐ Other

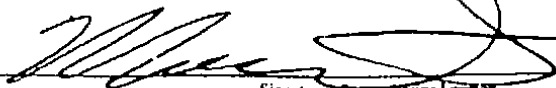
☐ Manager Name: Jill Record
☐ Member Address: Priority Life Care, LLC
☒ Authorized 3630 Illinois Road
Person Fort Wayne, IN 46804
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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
Mark Starks
Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRIORITY LIFE CARE, 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 TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRIORITY LIFE CARE, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF APRIL, A.D. 2013.



5325817 8300

SR# 20191516172

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202341468

Date: 02-27-19