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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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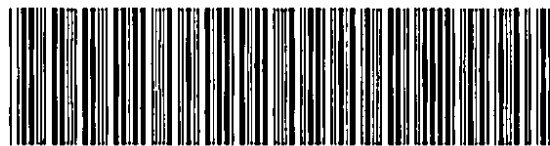
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2019 MAR 29 P 9:26

FILED

February 28, 2019

Florida Department of State

Division of Corporations

Re: Infinity Infusion Nursing, LLC Consent Form

TIN: 81-5223045

Ref. Number: W19000017097

To Whom it May Concern:

I, Amy Rose-Wright, RN, owner of Infinity Infusion Nursing, LLC give permission for the release of my company's name to the foreign entity. Our company was originally filed as a Florida entity when we are a foreign entity headquartered in Satsuma, AL. This is in response to our rejected Foreign Limited Liability Company application in hopes of having in activated and the active FL Limited Liability Company inactivated.

If you have any other questions please reach out to our Chief Financial Officer Devon Watts via email at [devonwatts@infinityinfusionnursing.com](mailto:devonwatts@infinityinfusionnursing.com) or via phone at 251-202-5949.

*Amy Rose-Wright, RN*

*Chief Executive Officer*

***Infinity Infusion Infinity Nursing***

(P) 844-204-3862

(F) 844-546-1496

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2019 MAR 29 P 9:26  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Infinity Infusion Nursing, 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:

Devon Watts

Name of Person

Infinity Infusion Nursing, LLC

Firm/Company

5717 Hwy. 43 Ste. B

Address

Satsuma, AL, 36572

City/State and Zip Code

devonwatts@infinityinfusionnursing.com

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

For further information concerning this matter, please call:

Devon Watts

251

202-5949

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

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2019 APR 29 P 9:26  
TALLAHASSEE, FLORIDA

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. Infinity Infusion Nursing, 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. Alabama 81-5223045  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 08/13/2017  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5717 Hwy. 43  
(Street Address of Principal Office)  
Ste. B  
Satsuma, AL 36572  
6. 5717 Hwy. 43  
(Mailing Address)  
Ste. B  
Satsuma, AL 36572

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TALLAHASSEE, FLORIDA

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

Name: Registered Agents Inc.  
Office Address: 3030 N. Rocky Point Dr. STE 150A  
Tampa, Florida 33607  
(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.

Bill Hame  
(Registered agent's signature)

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: Amy Rose-Wright, Rn

☐ Member              Address: 354 Stout Rd.

☐ Authorized              Madison, MS 39110

Person \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: Devon Watts

☒ Member              Address: 5535 Congress Dr.

☐ Authorized              New Orleans, LA 70126

Person \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

Title or Capacity:                      Name and Address:

☒ Manager              Name: Rebekah Kroner

☐ Member              Address: 3701 Latitte Rd.

☐ Authorized              Saraland, AL 36571

Person \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

Person \_\_\_\_\_

☐ 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.

*Devon Watts*

Signature of an authorized person

Devon Watts

Typed or printed name of signer

John H. Merrill  
Secretary of State

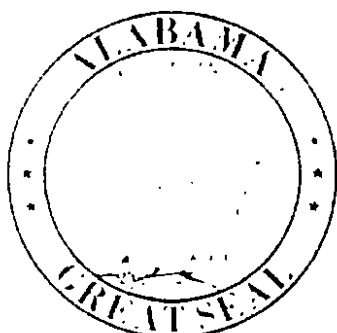
P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the  
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that Infinity Infusion Nursing, LLC  
was formed in Mobile County, Alabama on February 3, 2017. The Alabama Entity  
Identification number for this entity is 383-370. I further certify that the records do  
not disclose that said entity has been dissolved, cancelled or terminated.

FILED  
MAR 29 P 4 26  
TALLAHASSEE, FLORIDA



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**In Testimony Whereof, I have hereunto set my  
hand and affixed the Great Seal of the State, at the  
Capitol, in the city of Montgomery, on this day.**

03/29/2019

Date

*J. H. Merrill*

John H. Merrill

Secretary of State