

M19000003182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

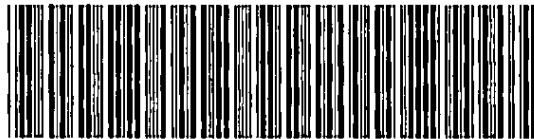
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2019 MAR 20 PM 2:11

SECRETARY OF STATE  
TALLAHASSEE, FL 09001

T.G.  
Dillon

# EASTMAN & SMITH LTD.

ATTORNEYS AT LAW

*Established 1844*

**Ruby R. Halter**

**Paralegal**

Direct Dial: 419-247-1793

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rrhalter@eastmansmith.com

One SeaGate, 24th Floor

P.O. Box 10032

Toledo, Ohio 43699-0032

Telephone: 419 241 6000

Facsimile: 419 247 1777

March 18, 2019

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: Application by Foreign LLC for Authority to Transact Business**  
Our File No: M1781-216110

APPROVED  
AND  
FILED  
2019 MAR 20 PM 2:31  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

Dear Sir or Madam:

Enclosed please find the Application by Foreign LLC for Authorization to Transact Business in Florida. Managed Care Advisory Group, LLC, a Delaware limited liability company, would like to register to transact business in the state Florida as Managed Care Advisory Group, LLC. Please process the below list of items:

1. Application by Foreign LLC for Authorization to Transact Business in Florida;
2. Check in the amount of \$125.00, made payable to Florida Department of State; and
3. A certificate of Good Standing for Managed Care Advisory Group, LLC, a Delaware LLC.

If you have any questions or concerns regarding the document filing, please do not hesitate to contact me directly. Enclosed is a pre-stamped envelope to return the recorded document for our records.

Very truly yours,

EASTMAN & SMITH LTD.



Ruby R. Halter  
Paralegal

BMRU:RRH

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Managed Care Advisory Group, 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:

Ruby R. Halter

\_\_\_\_\_  
Name of Person

Eastman & Smith Ltd.

\_\_\_\_\_  
Firm/Company

P.O. Box 10032

\_\_\_\_\_  
Address

Toledo, Ohio 43699

\_\_\_\_\_  
City/State and Zip Code

rrhalter@eastmansmith.com

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

For further information concerning this matter, please call:

Ruby R. Halter

419

247-1793

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_  
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

APPROVED  
AND  
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2019 MAR 20 PM 2:11  
SECRETARY OF STATE  
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. Managed Care Advisory Group, 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. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FBI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5. 3434 Granite Circle  
(Street Address of Principal Office)

6. 3434 Granite Circle  
(Mailing Address)

Toledo, Ohio 43617

Toledo, Ohio 43617

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

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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.

Nichol McCroy Nichol McCroy, Assistant Secretary  
(Registered agent's signature)

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SECRETARY OF STATE  
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: Don Obertacz

☐ Member      Address: 3434 Granite Circle

☒ Authorized      Toledo, Ohio 43617

Person \_\_\_\_\_

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

Title or Capacity:                      Name and Address:

☐ Manager      Name: Tim Schmidt

☒ Member      Address: 3434 Granite Circle

☐ Authorized      Toledo, Ohio 43617

Person \_\_\_\_\_

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

☐ Manager      Name: Bill Hobrecht

☒ Member      Address: 3434 Granite Circle

☐ Authorized      Toledo, Ohio 43617

Person \_\_\_\_\_

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

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person \_\_\_\_\_

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

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person \_\_\_\_\_

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

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

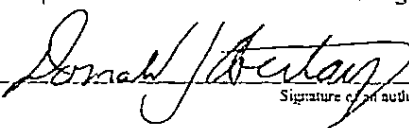
Person \_\_\_\_\_

☐ 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.

  
\_\_\_\_\_  
Signature of an authorized person

Don Obertacz

\_\_\_\_\_  
Typed or printed name of signer

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AND  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "MANAGED CARE ADVISORY GROUP, 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 SIXTH DAY OF FEBRUARY, A.D. 2019.

APPROVED  
AND  
FILED

2019 MAR 20 PM 2:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



3739611 8300

SR# 20190647734

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202208015

Date: 02-06-19