

M1900004817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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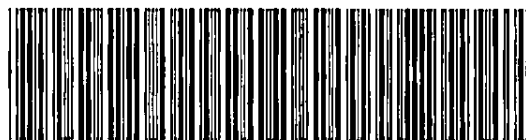
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SCOTT

MAY 16 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RENOVA HEALTH, 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:

DAVID JACOBS
Name of Person

RENOVA HEALTH, LLC
Firm/Company

381 Riverside Dr, Suite 400
Address

FRANKLIN, TN 37064
City/State and Zip Code

Admin@RENOVAHEALTH.CARE
E-mail address: (to be used for future annual report notification)

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SECRETARY OF CORPORATION
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

DAVID JACOBS at (615) 852-0881
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 & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate
Regular check Certificate of Status Certified Copy of Status & Certified Copy

7-14 Business Days

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. RENOVA HEALTH, 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 TENNESSEE 3. 82-2931318
(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. 381 RIVERSIDE DR 6. 381 RIVERSIDE DR
(Street Address of Principal Office) (Mailing Address)

Suite 400 Suite 400

FRANKLIN, TN 37064 FRANKLIN, TN 37064

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

Name: Joseph Harper

Office Address: 5011 JACKEL CHASE DR

Wimauma, Florida 33598
(City) (Zip code)

REC'D MAY 10 10 33 AM
TALLAHASSEE, FLORIDA

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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. 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: DAVID JACOBS

☒ Member Address: 381 Riverside Dr

☒ Authorized Suite 400

Person FRANKLIN, TN 37064

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: DAN HAYES

☒ Member Address: 381 Riverside Dr

☒ Authorized Suite 400

Person FRANKLIN, TN 37064

☐ 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 _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

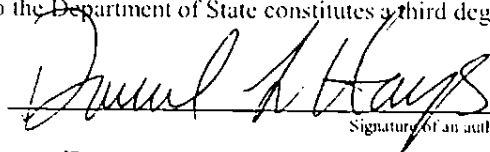
Person _____

☐ 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

DANIEL L HAYES

Typed or printed name of signer



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

RENOVA HEALTH, LLC
DAVE JACOBS
SUITE 400
381 RIVERSIDE DR
FRANKLIN, TN 37064

May 2, 2019

Request Type: Certificate of Existence/Authorization
Request #: 0314896

Issuance Date: 05/02/2019
Copies Requested: 1

Document Receipt

Receipt #: 004791989 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3757406960 \$20.00

Regarding: Renova Health, LLC
Filing Type: Limited Liability Company - Domestic Control #: 925210
Formation/Qualification Date: 09/28/2017 Date Formed: 09/28/2017
Status: Active Formation Locale: TENNESSEE
Duration Term: Perpetual Inactive Date:
Business County: WILLIAMSON COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Renova Health, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 033107016

Phone (615) 741-6488 * Fax (615) 741-7310 * Website: <http://tnbear.tn.gov/>

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