

M19000005898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

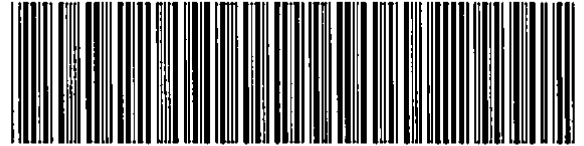
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500329408065

05/23/19--01015--008 **160.00

FILED
19 JUN 17 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B KINSEY

JUN 18 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 6, 2019

WILLIAM WAINSCOTT
1830 MONTCLAIR RD, STE A
BIRMINGHAM, AL 35210

SUBJECT: KOLBE CLINIC OF FLORIDA LLC
Ref. Number: W19000054124

We have received your document for KOLBE CLINIC OF FLORIDA 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):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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) 245-6052.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 419A00011274

RECEIVED

JUN 17 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kolbe Clinic of Florida 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:

William C. Wainscott II
Name of Person

Kolbe Clinic of Florida LLC
Firm/Company

1830 Montclair Road, Suite A
Address

Birmingham, AL 35210
City/State and Zip Code

William.Wainscott@Kolbeclinic.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Wainscott at 205 613-5255
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

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

19 JUN 17 PM 4:43

FILED

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. Kolbe Clinic of Florida, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

Kolbe Clinic FL 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 LLC - Alabama Sec of State 83-3614434
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 5-6-19
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1830 Montclair Road
(Street Address of Principal Office)

6. 1830 Montclair Road
(Mailing Address)

Suite A

Suite A

Birmingham, AL 35210

Birmingham, AL 35210

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

Name:

William C Wamslett II

Office Address:

8734 Ortega Park Drive

Navarre

(City)

, Florida

32566

(Zip code)

FILED
19 JUN 17 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

William C Wamslett II

(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):

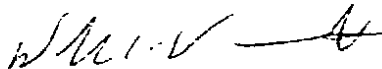
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>William C Wainscott II</u>	<input type="checkbox"/> Manager	Name: <u>Robert Roth</u>
<input checked="" type="checkbox"/> Member	Address: <u>1830 Montclair Road</u>	<input checked="" type="checkbox"/> Member	Address: <u>8734 Orkney Park L</u>
<input type="checkbox"/> Authorized	<u>Suite A</u>	<input type="checkbox"/> Authorized	
Person	<u>Birmingham, AL 35210</u>	Person	<u>Nashville, FL 32566</u>
<input checked="" type="checkbox"/> Other <u>CEO</u>	<input type="checkbox"/> Other	<input type="checkbox"/> Other <u>CCO</u>	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

FILED
19 JUN 17 PM 4:43
3110
TALLAHASSEE, FL 32304

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

William C. Wainscott II

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 Kolbe Clinic of Florida, LLC
was formed in Jefferson County, Alabama on February 27, 2019. The Alabama
Entity Identification number for this entity is 544-626. I further certify that the
records do not disclose that said entity has been dissolved, cancelled or terminated.



20190520000048232

**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.**

05/20/2019

Date

A handwritten signature in cursive script, appearing to read 'J. H. Merrill', is written over a horizontal line.

John H. Merrill

Secretary of State