

M190000006212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

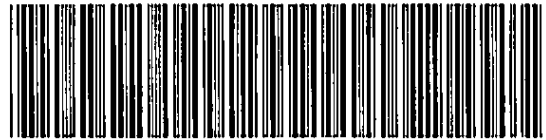
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

*Karen requested me to add
the ", " to the name
6-26-19 @ 3.45

Office Use Only



500329417965

06/03/19--01039--003 **160.00

FILED
19 JUN 26 PM 4:52
SEALING OFFICE
TALLAHASSEE, FLORIDA

B KINSEY
JUN 26 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 26, 2019

PHILLIP DOLAMORE
2298 COLBERT LANE
PALM COAST, FL 32137

SUBJECT: DISCOVER HEALTHCARE CLAIMS LLC
Ref. Number: W19000055623

We have received your document for DISCOVER HEALTHCARE CLAIMS 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) 245-6051.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 419A00012899



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 11, 2019

PHILLIP DOLAMORE
2298 COLBERT LANE
PALM COAST, FL 32137

SUBJECT: DISCOVER HEALTHCARE CLAIMS LLC
Ref. Number: W19000055623

We have received your document for DISCOVER HEALTHCARE CLAIMS 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):

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.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 019A00011686

RECEIVED

JUN 21 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Discover Healthcare Claims 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:

Phillip Dolamore

Name of Person

Discover Healthcare Claims LLC

Firm/Company

2298 Colbert Lane

Address

Palm Coast, FL 32137

City/State and Zip Code

pdolamore@discover-claims.com

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

For further information concerning this matter, please call:

Phillip Dolamore

954 319 2186
at ()
Area Code Daytime Telephone Number

Name of Contact Person

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

RECEIVED
FLORIDA DEPARTMENT OF STATE
JUN 26 1996

19 JUN 26 PM 4:52

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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Discover Healthcare Claims, 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 83 4718318
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 6/24/2019
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2298 Colbert Lane
(Street Address of Principal Office) 6. (Mailing Address)

Palm Coast, FL 32137

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

Name: Phillip Dolamore

Office Address: 2298 Colbert Lane

Palm Coast 32137
(City) , Florida (Zip code)

19 JUN 26 PM 4:52
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.


(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 checked="" type="checkbox"/> Manager	Name:	Phillip Dolamore		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	2298 Colbert Lane		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Palm Coast FL 32137		<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:	Tom TYRRELL		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	225 COLD RIV		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		BOERNE TX 78006		<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	

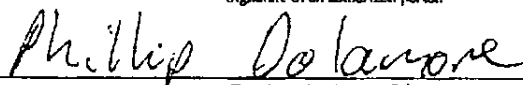
19 JUN 26 PM 4:52
CLERK OF COURT
TALLAHASSEE, FLORIDA

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


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 THAT "DISCOVER HEALTHCARE CLAIMS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE FOURTEENTH DAY OF NOVEMBER, A.D. 2016, AT 10 O'CLOCK A.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "BLUE OCEAN TECHNOLOGY, LLC" TO "DISCOVER HEALTHCARE CLAIMS, LLC", FILED THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2019, AT 12 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "DISCOVER HEALTHCARE CLAIMS, LLC".

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



6215309 8310

SR# 20192290402

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

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

Authentication: 202521191

Date: 03-26-19