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Corporate Filing Menu

Help

Y SCOTT

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPHANCE WITH SECTION 6050002, FLORIDA SCATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY

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ving been named as registered agent and to accept service of process for the above stated limited liability company at ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I fa	ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furth	ving been named as regis ignated in this application	tered agent and to accept service of a, I hereby accept the appointment of	as registered agent and	l agree to act in th	ris capacity. I far
wing been named as registered agent and to accept service of process for the above stated limited liability company at signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I fu comply with the provisions of all statutes relative to the proper and complete performance of my daties, and I am fam:	ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furth omply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familia	iving been named as regis signated in this application comply with the provision.	tered agent and to accept service of n, I hereby accept the appointment of s of all statutes relative to the proper	as registered agent and	l agree to act in th	ris capacity. I far
comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am family duties are stated as a support the obligations of my position as registered agent.	ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furth omply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familial accept the obligations of my position as registered agent. CT Corporation System	iving been named as regis signated in this application comply with the provision, d accept the obligations of	tered agent and to accept service of in, I hereby accept the appointment of is of all statutes relative to the proper I my position as registered agent. C T Corporation System	as registered agent and	lugree to act in th nance of my dutie	ris capacity. I fur es, and I am fami
	(City) Florida (Ziptonke)	Name:1				

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:	Title or Capacity:	Name and Address:
⊠Manager	Name: Dan Rodrigues	⊠ Manager	Name: Dave Justus
Member	Address: 3353 Michelson, Suite 400	Member	Address: 3353 Michelson, Suite 400
⊠Authorized	Irvine, CA 92612	⊠ Authorized	Irvine, CA 92612
Person		Person	
Other	Other	Other	Other
⊠Manager	Name: Brian Tran	☐ Manager	Name:
Member	Address: 3353 Michelson, Suite 400	Member	Address
⊠Authorized	Irvine, CA 92612	☐ Authorized	ل وا
Person		Person	11 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Other	Other	Other	Other
			LOR!
Manager	Name;	Manager	Name: C
Member	Address:	Member	Address:
Authorized		Authorized	
Person		Person	
Other	Othe:	[]Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

> distance of an authorized person Dave Justus Typed or printed name of signer

^{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)



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

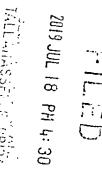
DELAWARE, DO HEREBY CERTIFY "KAREO MANAGED BILLING LLC" IS DULY

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 SEVENTEENTH DAY OF JULY, A.D. 2019.

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



7417005 8300 SR# 20196027530 Authentication: 203237417

Date: 07-17-19

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