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AUG 12 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACAP Health Consulting, 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:

Jessie Benson

Name of Person

~~SPRING~~ ACAP Health Consulting, LLC

Firm/Company

2727 Grand Prairie Parkway

Address

Waukeec, IA 50263

City/State and Zip Code

JBenson@holmesmurphy.com

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

For further information concerning this matter, please call:

Jessie Benson

515

989-5549

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

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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. ACAP Health Consulting, 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. Texas 26-0468293
(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. 12712 Park Central Dr, Suite 100 2727 Grand Prairie Parkway
(Street Address of Principal Office) (Mailing Address)

Dallas, TX 75251 Waukegan, IA 50263

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee 32301
(City) Florida (Zip code)

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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.

Grace E. Kirby
(Registered agent's signature)
Corporation Service Company
Grace E. Kirby, Assistant Vice President

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: Daniel Keough
☐ Member Address: 2727 Grand Prairie Parkway
☐ Authorized Waukee, IA 50263
 Person _____
☐ Other _____ ☐ Other _____

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

☒ Manager Name: Craig Hansen
☐ Member Address: 2727 Grand Prairie Parkway
☐ Authorized Waukee, IA 50263
 Person _____
☐ Other _____ ☐ Other _____

☒ Manager Name: Ellen Willadsen
☐ Member Address: 2727 Grand Prairie Parkway
☐ Authorized Waukee, IA 50263
 Person _____
☐ Other _____ ☐ Other _____

☒ Manager Name: Den Bishop
☐ Member Address: 2727 Grand Prairie Parkway
☐ Authorized Waukee, IA 50263
 Person _____
☐ Other _____ ☐ Other _____

☒ Manager Name: Chris Boyd
☐ Member Address: 2727 Grand Prairie Parkway
☐ Authorized Waukee, IA 50263
 Person _____
☐ Other _____ ☐ Other _____


☒ Manager Name: Wally Gomaa
☐ Member Address: 2727 Grand Prairie Parkway
☐ Authorized Waukee, IA 50263
 Person _____
☐ Other _____ ☐ Other _____

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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

Jessie Benson

Typed or printed name of signer



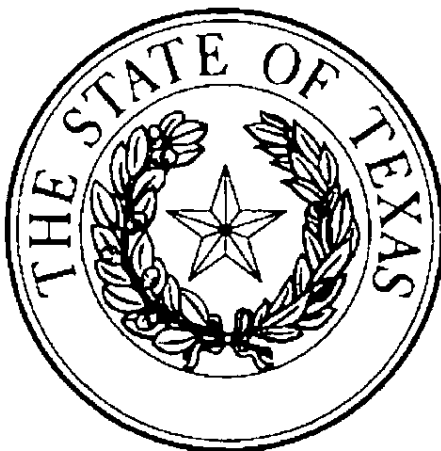
Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for ACAP Health Consulting, LLC (file number 800838707), a Domestic Limited Liability Company (LLC), was filed in this office on July 03, 2007.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on July 17, 2019.



A handwritten signature of Jose A. Esparza, consisting of stylized initials and a long horizontal stroke.

Jose A. Esparza
Deputy Secretary of State