M19000007939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

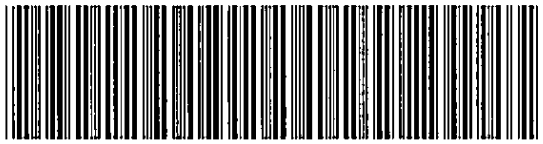
(Business Entity Name)

(Document Number)

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B KINSEY
AUG 19 2019

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: AMERICAN HEALTHCARE PARTNERS, 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:

ARTHUR FLETCHER, II
Name of Person

Firm/Company

815 S. PALAFOX STREET
Address

PENSACOLA, FL 32502
City/State and Zip Code

AFLETCHER@MEDLINKUSALLC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARTHUR FLETCHER, II at (850) 261-5997
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

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. AMERICAN HEALTHCARE PARTNERS, 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
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-2309974
(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. 815 S PALAFOX STREET
THIRD FLOOR
PENSACOLA, FL 32502
(Street Address of Principal Office)

6. 815 S PALAFOX STREET
THIRD FLOOR
PENSACOLA, FL 32502
(Mailing Address)

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

Name: ARTHUR FLETCHER, II

Office Address: 815 S PALAFOX STREET

PENSACOLA, FL . Florida 32502
(City) (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.

_____
(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:	Title or Capacity:	Name and Address:
■ Manager	Name: RUPERT PHILLIPS	■ Manager	Name: ALEXANDER COVER
☐ Member	Address: 815 S PALAFOX STREET	☐ Member	Address: 815 S PALAFOX STREET
☐ Authorized Person	THIRD FLOOR PENSACOLA, FL 32502	☐ Authorized Person	THIRD FLOOR PENSACOLA, FL 32502
☐ Other_____	☐ Other_____	☐ Other_____	☐ Other_____
■ Manager	Name: MARK L'HOMMEDIEU	☐ Manager	Name:
☐ Member	Address: 815 S PALAFOX STREET	☐ Member	Address:
☐ Authorized Person	THIRD FLOOR PENSACOLA, FL 32502	☐ Authorized Person	
☐ Other_____	☐ Other_____	☐ Other_____	☐ Other_____
☐ Manager	Name:	☐ Manager	Name:
☐ Member	Address:	☐ Member	Address:
☐ Authorized Person		☐ Authorized Person	
☐ Other_____	☐ Other_____	☐ 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

ARTHUR FLETCHER, II

Typed or printed name of signee

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMERICAN HEALTHCARE PARTNERS, 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 SIXTH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMERICAN HEALTHCARE PARTNERS, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF OCTOBER, A.D. 2018.

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

Jeffrey W. Bullock, Secretary of State

7113518 8300

SR# 20196359185

Authentication: 203356447

Date: 08-06-19

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