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Account#: I20000000088

Date:	08/28/2019		
Name:	Merritt W	alker	_
Reference #	#: 112 3	3187	<u> </u>
			AL FLORIDA ED, LLC
✓ Articl	es of Incorporatio	n/Authorization	to Transact Business
☐ Ame	ndment		
☐ Char	nge of Agent		
Rein:	statement		
☐ Conv	ersion		
☐ Merg	er		
☐ Disso	olution/Withdrawal		
☐ Fictit	ious Name		
✓ Othe	г	CERTIFIED CO	PY OF THE FILING EVIDENCE
Authorized /	Amount:	\$155	
Signature: _	د.	ıw	

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	08/28/2019	 .	
	Merritt W	alker	
Reference #	_{#:}	3187	<u></u>
			RAL FLORIDA ED, LLC
✓ Articl	es of Incorporatio	n/Authorizatio	n to Transact Business
Ame	ndment		
☐ Char	nge of Agent		
☐ Rein	statement		
Conv	version		
☐ Merg	er		
☐ Disso	olution/Withdrawa	I	
☐ Fictit	ious Name		
✓ Othe	r	CERTIFIED CO	PY OF THE FILING EVIDENCE
Authorized A	Amount:	\$155	
Signature: _		uw	

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	APP of Central Florida ED, LLC
30130	Name of Limited Liability Company
The en	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ace, 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:
	Brittany Roberts
	Name of Person
	American Physician Partners
	Firm/Company
	5121 Maryland Way, Suite 300
	Address
	Brentwood, TN 37027
	City/State and Zip Code
	broberts@americanphysician.partners
	E-mail address: (to be used for future annual report notification)
For fu	ther information concerning this matter, please call:
	Alison Shores 901 543-5978 at ()
	Name of Contact Person at () Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREWT ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclos	ed is a check for the following amount: \$\Begin{align*} \Pi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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

IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting business in Fi	orida. The alt	eruste came must include "Limited Lis	thility Company," "L	LC," or "UC."
2. Tennessee		3.	84-2868206		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI num	bes, if applicable)	
ł		, - ,			
	(Date first transacted business in Florida, if prior to (See sections 603,0904 & 603,0905, F.S. to determ	nine pensity li	ability)		20
5121 Maryland Way,		6	5121 Maryland Way, Suite		19
(Street Address of I Brentwood, Tennessee		,	(Mailing Add Brentwood, Tennessee 370		GU.
		_	Distriction of the state of the		8
	·	_	-,		
. Name and street addres	ss of Florida registered agent: (P.O. Bor	NOT a	cceptable)		AH II
Name:	Cogency Global Inc.			ميد. 	 ယ
Office Address:	115 North Calhoun Street, Suite 4				ω
	Tallahassee		, Florida 32301		
	(City)		(Zip cod	ie)	
	(Registered agent's	algmature)	tant sunt	my	
	(Registered agent's			ary	
Title or Capacity:	ncity and address of the person(s) who have and Address:	as/have at		Name and	Address:
	ncity and address of the person(s) who have and Address: American Physician Hold	as/have a <u>Titl</u> lings, Ll	uthority to manage is/are: le or Capacity;	U	Address:
Title or Capacity:	ncity and address of the person(s) who have and Address: American Physician Hold 5121 Maryland Way, Suit	as/have a <u>Titl</u> lings, Ll	uthority to manage is/are: le or Capacity;	U	Address:
Title or Capacity:	ncity and address of the person(s) who have and Address: American Physician Hold	as/have a <u>Titl</u> lings, Ll	uthority to manage is/are: le or Capacity;	U	Address:
Title or Capacity:	ncity and address of the person(s) who have and Address: American Physician Hold 5121 Maryland Way, Suit	as/have a <u>Titl</u> lings, Ll	uthority to manage is/are: le or Capacity;	U	Address:
Title or Capacity: Managing Member	American Physician Hold 5121 Maryland Way, Suit Brentwood, TN 37027	as/have a <u>Titl</u> lings, Ll	uthority to manage is/are: le or Capacity;	U	Address:
Title or Capacity: Managing Member Use attachments if necess	American Physician Hold 5121 Maryland Way, Suit Brentwood, TN 37027	as/have at Titl lings, Ll te 300	uthority to manage is/are: le or Capacity; _C	Name and	
Title or Capacity: Managing Member Use attachments if necess. Attached is a certificate	American Physician Hold 5121 Maryland Way, Suit Brentwood, TN 37027	as/have au	athority to manage is/are: le or Capacity; _C enticated by the official ha	Name and	of records in
Title or Capacity: Managing Member Use attachments if necess Attached is a certificate risdiction under the law of	American Physician Hold 5121 Maryland Way, Suit Brentwood, TN 37027 sary) of existence, no more than 90 days old, of which it is organized. (If the certificat	as/have au	athority to manage is/are: le or Capacity; _C enticated by the official ha	Name and	of records in
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Division of Business Services Department of State

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

Issuance Date: 08/28/2019

Filing Fee:

Copies Requested:

KATHIE FLECK

STE 103

600 S 2ND ST

SPRINGFIELD, IL 62704

Request Type: Certificate of Existence/Authorization

Request #:

0328099

att.on.zatton

Document Receipt

Receipt #: 004992225

040022220

Payment-Credit Card - State Payment Center - CC #: 3764571946

Regarding:

APP of Central Florida ED, LLC

Filing Type:

Limited Liability Company - Domestic

Formation/Qualification Date: 08/21/2019

Status:

Active Perpetual

Duration Term:

Business County: WILLIAMSON COUNTY

Control # :

1046841

Date Formed:

08/21/2019

August 28, 2019

\$20.00

\$20.00

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

APP of Central Florida ED, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett 🖊

Secretary of State

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