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2019-08-29 06:49:03 CST

12/1/2023 573 From: Kimberly Laubrey

8/29/2019

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations  
Fax Number : (850)617-6383

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Account Name : C T CORPORATION SYSTEM  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Foreign Limited Liability Company  
SDA Consultants, PLLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

**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. SDA Consultants, PLLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
- SDA Consultants, 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. Tennessee 3. 83-2071149  
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)
4. July 8, 2019  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 220 Athens Way 6. PO Box 331086  
(Street Address of Principal Office) (Mailing Address)
- Suite 210 Nashville, TN 37203
- Nashville, TN 37228

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation 33324  
(City) (Zip code)

**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.*

By: April Wittenwyler April Wittenwyler, Ast. Sec.  
(Registered agent's signature)

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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: Aaron Jones

☐ Member Address: PO Box 331086

☐ Authorized Nashville, TN 37203

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

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

☐ Manager Name: Robin Taylor, MD

☐ Member Address: PO Box 331086

☐ Authorized Nashville, TN 37203

Person \_\_\_\_\_

☒ Other Owner \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Nikie Watkins

☐ Member Address: PO Box 331086

☒ Authorized Nashville, TN 37203

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Peter Kroll, MD

☐ Member Address: PO Box 331086

☒ Authorized Nashville, TN 37203

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Anne Sumpter Arney

☐ Member Address: 511 Union Street

☒ Authorized Suite 1600

Person Nashville, TN 37219

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

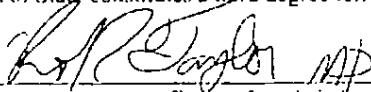
Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**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

Robin Taylor, MD

Type or printed name of signer



**Tre Hargett**  
Secretary of State

FILED  
19 AUG 29 PM 7:40  
NASHVILLE, FLORIDA

**Division of Business Services**  
**Department of State**  
State of Tennessee  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

WOLTERS KLUWER  
118 W EDWARDS STE 200  
SPRINGFIELD, IL 62704

August 28, 2019

Request Type: Certificate of Existence/Authorization  
Request #: 0328169

Issuance Date: 08/28/2019  
Copies Requested: 1

**Document Receipt**

Receipt #: 004993323

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3764591728

\$20.00

Regarding: SDA Consultants, PLLC  
Filing Type: Limited Liability Company - Domestic  
Formation/Qualification Date: 09/26/2018  
Status: Active  
Duration Term: Perpetual  
Business County: SUMNER COUNTY

Control #: 987131  
Date Formed: 09/26/2018  
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

**SDA Consultants, PLLC**

\* 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 filed the most recent annual report required with this office;

\* 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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