

9/2019

Division of Corporations

Florida Department of State
 Division of Corporations
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To:

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

From:

Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (614)280-3338
 Fax Number : (954)208-0845

FILED
 2019 SEP -3 PM 4:45
 TALLAHASSEE, FL 32309

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**Foreign Limited Liability Company
 MPP Infusion Center of Doctor Phillips, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00



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

IN COMPLIANCE WITH SECTION 605.092, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MPP Infusion Center of Doctor Phillips, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLP")

(If name unreasonable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(F.T. number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0914 & 605.0903, F.S. to determine penalty liability)

5. 6068 Apopka-Vineland Rd., Suite 4

(Street Address of Principal Office)

Orlando, FL 32819

6. c/o Multispecialty Physician Partners, LLC

(Mailing Address)

1626 Cole Blvd #225

Lakewood, CO 80401

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

Florida 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:

C T Corporation System

Angel Shearer

Angel Shearer, Secretary

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Manager

Multispecialty Physician Partners, LLC

1626 Cole Blvd #225

Lakewood, CO 80401

Member

RV Infusion Partners Jr., LLC

1626 Cole Blvd #225

Lakewood, CO 80401

(Use attachments if necessary)

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.

Ellen Davis

Signature of an authorized person

Ellen Davis, President

Typed or printed name of signer

Delaware

The First State


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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MPP INFUSION CENTER OF DOCTOR
PHILLIPS, 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 THIRD DAY OF
SEPTEMBER, A.D. 2019.

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

FILED
2019 SEP -3 PM 4:45
JEFFREY W. BULLOCK, SECRETARY OF STATE
DELAWARE




Jeffrey W. Bullock, Secretary of State