

M19 000009763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

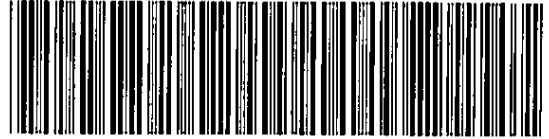
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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U.S. DEPARTMENT OF JUSTICE

RECEIVED  
2019 SEP 24 PM 2:14  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

10-15-19  
AK



Division of Corporations

Registration Section

PO BOX 6327

Tallahassee, FL 32314

Good afternoon,

Attached, please find the Orion Health IP2 RPG Foreign LLC Application Letter of good standing and our check in the amount of \$160. Kindly please process and send our certificate of status and certified copy as soon as possible. Please contact me at [theresa@willowrisk.com](mailto:theresa@willowrisk.com) with any questions.

Warmest Regards,

Theresa O'Donnell

Willow Risk Advisors, Inc

350 N. Main Street

Doylestown, PA 18901

2012 SEP 24 PM 2:15  
DIVISION OF STATE  
TALLAHASSEE, FL 32314

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Orion Risk IP2 RPG 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:

Theresa L. O'Donnell

Name of Person

Willow Risk Advisors

Firm/Company

350 N. Main Street

Address

Doylestown, PA 18901

City/State and Zip Code

Theresa@willowrisk.com

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

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL 32301

2015 SEP 24 PM 2:15

100-1000

For further information concerning this matter, please call:

Theresa L. O'Donnell

267

448-5087

at ( )

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

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. Orion Health IP2 RRG LLC  
(Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," or "LLC")

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

2. Delaware 3. 83-397712  
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration;  
(See sections 605.0901 & 605.0905, F.S. to determine penalty, liability)

5. 350 N. Main St. 6. 350 N. Main St.  
(Street Address of Principal Office) (Mailing Address)

Doylestown, PA Doylestown, PA  
18901 18901

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

Name United States Corporation Agents, Inc.

Office Address: 5575 S. Semoran Blvd. Suite 36

Orlando

Florida 32822

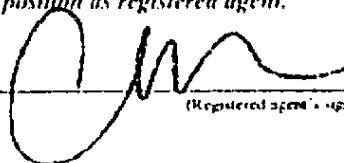
(City)

(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.

Cheyenne Moseley, assistant secretary on  
behalf of United States Corporation Agents, Inc.

  
(Registered agent's signature)

2018 SEP 24 PM 2:15  
CLERK OF STATE  
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: Thomas Wierzbowski  
☐ Member Address: 350 N. Main St  
☐ Authorized Doylestown, PA 18901  
Person \_\_\_\_\_  
☒ Other President ☐ Other \_\_\_\_\_

☐ Manager Name: Jeff Mortier  
☐ Member Address: 49489 Eskridge Terrace NW  
☐ Authorized Washington, DC 20016  
Person \_\_\_\_\_  
☒ Other Secretary ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**  
☐ Manager Name: Todd O'Connell  
☐ Member Address: 7 Jefferson Landing Circle  
☐ Authorized Port Jefferson Station, NY 11777  
Person \_\_\_\_\_  
☒ Other Treasurer ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ 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

Theresa L. O'Donnell

\_\_\_\_\_  
Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ORION HEALTH IP2 RPG 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 TWENTIETH DAY OF SEPTEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ORION HEALTH IP2 RPG LLC" WAS FORMED ON THE THIRTEENTH DAY OF NOVEMBER, A.D. 2018.

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



7145916 8300

SR# 20197139107

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203635737

Date: 09-20-19