

MI9 0000 11259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

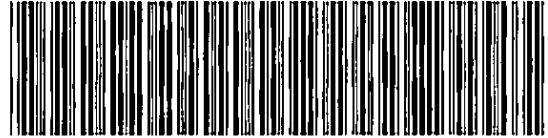
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/18/19--01004--032 **180.00

2019 NOV 23 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11-25-19



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 25, 2019

THERESA L. O'DONNELL
350 SOUTH MAIN STREET, SUITE 101
DOYLESTOWN, PA 18901

SUBJECT: ORION HEALTH RPG LLC
Ref. Number: W19000094687

We have received your document for ORION HEALTH RPG LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Tammi Cline
Regulatory Specialist III

Letter Number: 519A0002207

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TAMMI CLINE
REGULATORY SPECIALIST III

2019 NOV 25 PM 12:07

FILED



Division of Corporations

Registration Section

PO BOX 6327

Tallahassee, FL 32314

Good afternoon,

Attached, please find the Orion Health 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 with any questions.

Warmest Regards,

Theresa O'Donnell

Willow Risk Advisors, Inc

350 South Main St, Suite 101

Doylestown, PA 18901

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2018 NOV 25 PM 12:07
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

Orion Health RPG LLC

SUBJECT: _____
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 South Main Street Suite 101

Address

Doylestown, PA 18901

City/State and Zip Code

Theresa@willowrisk.com

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

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CLERK OF STATE
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

Theresa L. O'Donnell

267

448-5087

Name of Contact Person

at (_____) _____

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

1. Orion Health RPG 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 83-1526264
(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 605.001 & 605.005, F.S., to determine penalty liability)

5. 350 South Main Street Suite 101 350 South Main Street Suite 101
(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)

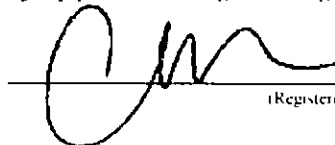
Name: UNITED STATES CORPORATION AGENTS, INC.

Office Address: 5575 S. Semoran Blvd., Suite 36

Orlando 32822
(City) , Florida (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.


(Registered agent's signature) CHEYENNE MOSELEY, ASSISTANT SECRETARY,
UNITED STATES CORPORATION AGENTS, INC.

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2018 NOV 25 PM 12:07
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 South Main Street, Ste 101
☐ Authorized Doylestown, PA 18901
 Person _____
☒ Other _____ ☐ Other _____

Title or Capacity: _____ **Name and Address:** _____
☐ Manager Name: Todd O'Connell
☐ Member Address: 204 Avenue A
☐ Authorized Port Jefferson, NY, 11777
 Person _____
☒ Other _____ ☐ Other _____

☐ Manager Name: Jeff Vacirca
☐ Member Address: 23 Valentine Road
☐ Authorized Shoreham, NY, 11777
 Person _____
☒ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

2019 NOV 25 PM 12:07
 CLERK OF COURT
 THOMAS J. VACIRCA
 JUDGE

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.

Theresa L. O'Donnell
 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 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 THIRTEENTH DAY OF NOVEMBER, A.D. 2019.



7006766 8300

SR# 20197966936

You may verify this certificate online at 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: 203961944

Date: 11-13-19