

N19000011840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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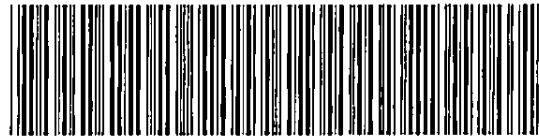
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

✓

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 098023 6729A

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 125.00

ORDER DATE : December 11, 2019

ORDER TIME : 9:39 AM

ORDER NO. : 098023-010

CUSTOMER NO: 6729A

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FOREIGN FILINGS

NAME: THE LITTLE CLINIC LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER: \_\_\_\_\_

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. The Little Clinic LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.I.C.")

(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 "L.I.C.")

2. Delaware

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

20-2209671

3.

(FEI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

1014 Vine Street, Cincinnati, OH 45202

5.

(Street Address of Principal Office)

6.

(Mailing Address)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee 32301  
(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.

By: Roxanne Turner  
(Registered agent's signature)

Roxanne Turner  
Asst. Vice President

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: The Kroger Co.

☒ Member Address: 1014 Vine Street

☐ Authorized Cincinnati, OH 45202

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Colleen R. Lindholz

☐ Member Address: 1014 Vine Street

☐ Authorized Cincinnati, OH 45202

Person \_\_\_\_\_

☒ Other President ☐ Other \_\_\_\_\_

☐ Manager Name: Carin L. Fike

☐ Member Address: 1014 Vine Street

☐ Authorized Cincinnati, OH 45202

Person \_\_\_\_\_

☒ Other Treasurer ☐ Other \_\_\_\_\_

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

☐ Manager Name: Topvalco, Inc.

☒ Member Address: 1014 Vine Street

☐ Authorized Cincinnati, OH 45202

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Christine S. Wheatley

☐ Member Address: 1014 Vine Street

☐ Authorized Cincinnati, OH 45202

Person \_\_\_\_\_

☒ Other VP & Secretary ☐ Other \_\_\_\_\_

☐ Manager Name: Dorothy D. Roberts

☐ Member Address: 1014 Vine Street

☐ Authorized Cincinnati, OH 45202

Person \_\_\_\_\_

☒ Other Asst. Secretary ☐ 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.

Dorothy D. Roberts

Signature of an authorized person

Dorothy D. Roberts

Typed or printed name of signer

Title or Capacity:                      Name and Address:

☐ Manager      Name: Misty S. Murad

☐ Member      Address: 2620 Elm Hill Pike

☐ Authorized      Nashville, TN 37214

Person \_\_\_\_\_

☒ Other Vice President                      ☐ Other \_\_\_\_\_

☐ Manager      Name: Marc Watkins

☐ Member      Address: 2620 Elm Hill Pike

☐ Authorized      Nashville, TN 37214

Person \_\_\_\_\_

☒ Other Vice President                      ☐ Other \_\_\_\_\_

Title or Capacity:                      Name and Address:

☐ Manager      Name: Bill Shinton

☐ Member      Address: 2620 Elm Hill Pike

☐ Authorized      Nashville, TN 37214

Person \_\_\_\_\_

☒ Other Vice President                      ☐ Other \_\_\_\_\_

☐ Manager      Name: Joseph W. Bradley

☐ Member      Address: 1014 Vine Street

☐ Authorized      Cincinnati, OH 45202

Person \_\_\_\_\_

☒ Other Asst. Treasurer.                      ☐ Other \_\_\_\_\_

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# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE LITTLE CLINIC 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 ELEVENTH DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE LITTLE CLINIC LLC" WAS FORMED ON THE TWENTIETH DAY OF JANUARY, A.D. 2005.

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

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

  
Jeffrey W. Bullock, Secretary of State

Authentication: 204189678

Date: 12-11-19