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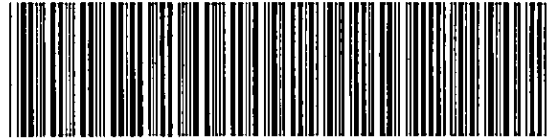
(Business Entity Name)

(Document Number)

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2019 DEC 27 PM 12:18  
U.S. DEPARTMENT OF STATE  
WASHINGTON, D.C. 20501

OK  
10-27-19



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 6, 2019

KATIE COX  
1396 KING AVE  
COLUMBUS, OH 43212

SUBJECT: HUMANS OF MEDICINE, LLC  
Ref. Number: W19000097980

We have received your document for HUMANS OF MEDICINE, LLC and your check(s) totaling \$125.00. 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: 019A00022948

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Humans of Medicine, 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:

Katie Cox  
Name of Person

Harper & Co.  
Firm/Company

1396 King Ave.  
Address

Columbus, OH 43212  
City/State and Zip Code

Kcox@harpercoplus.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katie Cox at (614) 456-7222  
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

- ☒ \$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

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL 32301  
2018 DEC 27 PM 12:19

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

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

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

3. 82-4764112  
(FEI number, if applicable)

4. 8.1.19  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability)

5. 155 E Third Ave  
(Street Address of Principal Office)

6. 155 E Third Ave  
(Mailing Address)

Columbus, OH 43201

Columbus, OH 43201

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

Name: Florida Registered Agent LLC

Office Address: 7901 4th St N, Ste 300

St. Petersburg, , Florida 33702  
(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.

Bill Hume

(Registered agent's signature)

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CLERK OF DISTRICT COURT  
JANESVILLE, 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):

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input type="checkbox"/> Manager	Name:	Bethanie Morgan	<input type="checkbox"/> Manager	Name:	Katie Cox		
<input type="checkbox"/> Member	Address:	55 E Third Ave	<input type="checkbox"/> Member	Address:	1396 King Ave		
<input type="checkbox"/> Authorized		Columbus, OH 43201	<input checked="" type="checkbox"/> Authorized		Columbus, OH 43212		
Person			Person				
<input checked="" type="checkbox"/> Other	Owner		<input type="checkbox"/> Other		<input type="checkbox"/> Other		
<input type="checkbox"/> Manager	Name:	Heather Linnabary	<input type="checkbox"/> Manager	Name:			
<input type="checkbox"/> Member	Address:	1396 King Ave	<input type="checkbox"/> Member	Address:			
<input checked="" type="checkbox"/> Authorized		Columbus, OH 43212	<input type="checkbox"/> Authorized				
Person			Person				
<input type="checkbox"/> Other			<input type="checkbox"/> Other		<input type="checkbox"/> Other		
<input type="checkbox"/> Manager	Name:		<input type="checkbox"/> Manager	Name:			
<input type="checkbox"/> Member	Address:		<input type="checkbox"/> Member	Address:			
<input type="checkbox"/> Authorized			<input type="checkbox"/> Authorized				
Person			Person				
<input type="checkbox"/> Other			<input type="checkbox"/> Other		<input type="checkbox"/> Other		

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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.

Katie Cox  
Signature of an authorized person

Katie Cox  
Typed or printed name of signer

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show HUMANS OF MEDICINE, LLC, an Ohio For Profit Limited Liability Company, Registration Number 4105485, was organized within the State of Ohio on December 4, 2017, is currently in FULL FORCE AND EFFECT upon the records of this office.*



*Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 20th day of December, A.D. 2019.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 201935401790