

Office Use Only



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 26, 2019

PATRICK CARRON
1117 GRISWOLD ST.
STE:1114
DETROIT, MI 48226

SUBJECT: FOREFRONT HEALTHCARE LLC
Ref. Number: W19000086478

We have received your document for FOREFRONT HEALTHCARE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 319A00019803

RECEIVED

JAN 13 2020

Dear Specialist,

Attached are the missing documents Requested. I have attempted to reach your Dept for over a month unsuccessfully with questions but cannot get through. The # just goes to a busy signal. This filing is past the 60 days due to this inability to reach the department. Please contact me at 313-338-4060.

www.sunbiz.org

Thank you,

Patrick Carron

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FOREFRONT HEALTHCARE 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:

PATRICK CARRON

Name of Person

FOREFRONT HEALTHCARE LLC

Firm/Company

1117 GRISWOLD ST. STE 1114

Address

DETROIT, MI 48226

City/State and Zip Code

accounting@forefronthealthcare.com

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

For further information concerning this matter, please call:

PATRICK CARRON

at (

313

Area Code

338-4060

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

2021 JAN 13 PM 3:13
TALLAHASSEE, FLORIDA
SECRETARY 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. FOREFRONT HEALTHCARE 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

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

3. 83-2894435

(FEI number, if applicable)

4. ESTIMATE 10/1/2019

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

5. 1117 GRISWOLD ST STE 1114

(Street Address of Principal Office)

DETROIT, MI 48226

6. 1117 GRISWOLD ST STE 1114

(Mailing Address)

DETROIT, MI 48226

FILED
2020 JAN 13 PM 2:13
TALLAHASSEE, FLORIDA

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

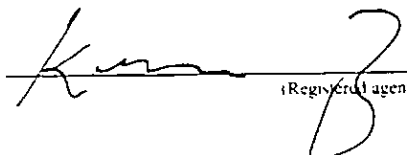
Name: Kevin Bray

Office Address: 20117 UMBRIA HILL DR.

TAMPA, Florida 33647
(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.


(Registered agent's signature)

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: DAN BOWEN

☒ Member Address: 390 Provencal Road

☐ Authorized GROSSE POINTE, MI 48236

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: JARED HUGHES

☒ Member Address: Address 2712 Azzuro Way

☐ Authorized CEDAR PARK, TX 78613

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: GARY POLLACK

☒ Member Address: 5558 Palmer Circle #204

☐ Authorized Lakewood Ranch, FL 34211

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: RYAN WILLIAMS

☒ Member Address: 2507 Watkins Way Dr

☐ Authorized AUSTIN, TX 78746

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: KEVIN BRAY

☒ Member Address: 20117 UMBRIA HILL DR.

☐ Authorized TAMPA, FL 33647

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: PATRICK CARRON

☒ Member Address: 1964 MANCHESTER BLVD

☐ Authorized GROSSE POINTE WOODS, MI 48236

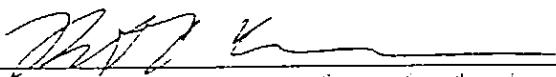
Person _____

☐ 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

PATRICK CARRON

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 "FOREFRONT HEALTHCARE 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 SEVENTH DAY OF NOVEMBER, A.D. 2019.

FILED
2020 JAN 13 PM 2:13
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

7050904 8300

SR# 20197815041

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203954016

Date: 11-07-19