

M20000000928

(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:

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2020 JAN 23 PM 2:40

20 JAN 23 PM 4:47

JAN 24 2020

M. SOLOMON

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

ACCOUNT NO. : I20000000195

REFERENCE : 149417 7446445

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 125.00

ORDER DATE : January 22, 2020

ORDER TIME : 10:35 AM

ORDER NO. : 149417-010

CUSTOMER NO: 7446445

FOREIGN FILINGS

NAME: MOLINA CARE CONNECTIONS, 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: \_\_\_\_\_

FILE 2nd

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Molina Care Connections, 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:

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Molina Care Connections, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

n/a

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

3. 47-2296708  
(FEI number, if applicable)

4. January 1, 2020  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 200 Oceangate  
(Street Address of Principal Office)

6. same as #5  
(Mailing Address)

Suite 100

Long Beach, CA 90802

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

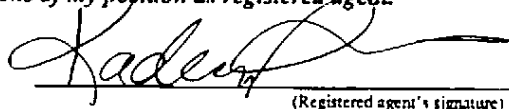
Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(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)

Kadesha Roberson  
Asst. Vice President

2020 JAN 23 PM 2:40  
STATE OF FLORIDA  
CLERK OF THE COURT

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: Anne Rote  
☐ Member Address: Molina Healthcare of Texas  
☐ Authorized 5605 N. MacArthur Blvd., Suite 400  
Person Irving, TX 75038  
☐ Other ☐ Other

☒ Manager Name: Michael Easterday  
☐ Member Address: Molina Healthcare, Inc.  
☐ Authorized 200 Oceangate, Suite 100  
Person Long Beach, CA 90802  
☐ Other ☐ Other

☐ Manager Name: Gina Turley  
☐ Member Address: Molina Care Connections LLC  
☐ Authorized 200 Oceangate, Suite 100  
Person Long Beach, CA 90802  
☒ Other President ☐ Other

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

☒ Manager Name: Gina Turley  
☐ Member Address: Molina Care Connections LLC  
☐ Authorized 200 Oceangate, Suite 100  
Person Long Beach, CA 90802  
☐ Other ☐ Other

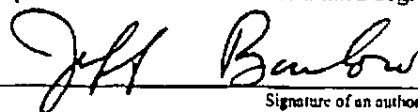
☐ Manager Name: Molina Pathways, LLC  
☒ Member Address: 200 Oceangate  
☐ Authorized Suite 100  
Person Long Beach, CA 90802  
☐ Other ☐ Other

☐ Manager Name: Jeff D. Barlow  
☐ Member Address: Molina Healthcare, Inc.  
☐ Authorized 2189 Harvard Street, Suite 400  
Person Sacramento, CA 95815  
☒ Other 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.



Signature of an authorized person

Jeff D. Barlow, Secretary

Typed or printed name of signer



## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Conversion for Molina Care Connections, LLC (file number 803504697), a Domestic Limited Liability Company (LLC), was filed in this office on December 30, 2019.

It is further certified that the entity status in Texas is in existence.

Delayed Effective date: January 01, 2020

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 22, 2020.



A handwritten signature in black ink, appearing to read "Ruth R. Hughs".

Ruth R. Hughs  
Secretary of State