

MAC 0000000969

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

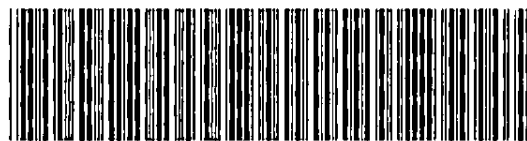
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF COURT
TALLAHASSEE, FLORIDA

JAN 25 2020
T. LEMUEX



Admitted in Indiana
and Michigan

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Of Counsel

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James V. Woodsmall
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Randall G. Hesser
Timothy S. Shelly
Andrew M. Hicks
Christopher T. Pottratz
Matthew W. Schramm*
Rachel A. Stuckey*

*Not Admitted in Michigan

January 8, 2020

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: *Application by Foreign Limited Liability Company for Authorization to
Transact Business in Florida*

Dear Sir:

Please find an original and one copy of an Application By Foreign Limited Liability Company for Authorization to Transact Business in Florida for Gen T, LLC, and an Application for Registration of Fictitious Name. Also enclosed is a check in the amount of \$175.00. Please return the extra file stamped copy to me in the envelope provided. If you have any questions or comments, or need additional information, please call me at the number below. Thank you for your assistance.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Marilyn R. Yoder'.

Marilyn R. Yoder
Paralegal

MRY/mry
Enclosures

cc: James V. Woodsmall
Robert Eichorst

SENT VIA FEDERAL EXPRESS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Gen T, 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:

James V. Woodsmall

Name of Person

Warrick & Boyn, LLP

Firm/Company

861 Parkway Ave.

Address

Elkhart, IN 46516

City/State and Zip Code

jwoodsmall@warrickandboyn.com

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

For further information concerning this matter, please call:

James V. Woodsmall

Name of Contact Person

at (574)

Area Code

294-7491

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:

☒ \$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
TRANSACTION BUSINESS IN FLORIDA

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

1. Gen T, LLC

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

Gen T Indiana, 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. 37-1918242

(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)

5. 110 E. Windsor Ave.

Elkhart, IN 46514

(Street Address of Principal Office)

6. (Same as above.)

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Gregory Rusk, Manager, 3008 Mobile Drive, Elkhart, IN 46514, USA

Christopher Lin, Daniel Shockley, Frederic Reisner, & Stephen Cook, Managers: 1312 3rd Ave. N.; Nashville, TN 37208 US

8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Gregory Rusk, Manager

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Gen T, LLC

If unavailable, the alternate to be used in the state of Florida is:

Gen T Indiana, LLC

2. The name and the Florida street address of the registered agent and office are:

C T Corporation System

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation

FL 33324

City/State/Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

By:

Nichol McCroy
(Signature)

Nichol McCroy, Assistant Secretary

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GEN T, 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 TWENTY-NINTH DAY OF OCTOBER, A.D. 2019.

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



7168332 8300

SR# 20197796765

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203891953

Date: 10-29-19

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

Section 1

1. Gen T Indiana, LLC
Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")

110 E. Windsor Ave.

Mailing Address of Business

Elkhart, IN 46514

City State Zip Code

3. Florida County of principal place of business:

(see instructions if more than one county)

FEI Number: 37-1918242

620000003850
01/03/20--01016--010 *\$175.00

This space for office use only

Section 2

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

1. Last First M.I.
Address
City State Zip Code

2. Last First M.I.
Address
City State Zip Code

B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

1. Medix Holdings, LLC
Entity Name
1312 3rd Avenue North
Address
Nashville, TN 37208
City State Zip Code
Florida Document Number
FEI Number: 82-2568577

2. Entity Name
Address
City State Zip Code
Florida Document Number
FEI Number:

☐ Applied for ☐ Not Applicable

☐ Applied for ☐ Not Applicable

Section 3

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 885.09, F.S., I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the signature below shall have the same legal effect as if made under oath.

Signature of Owner Thomas Moleski Date 01/7/2020

jwoodsmall@warrickandboyn.com
E-mail address: (to be used for future renewal notification)

Phone Number: (574) 266-0911

Section 4

FOR CANCELLATION COMPLETE SECTION 4 ONLY: FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we) the undersigned, hereby cancel the fictitious name _____
_____, which was registered on _____ and was assigned
registration number _____

Signature of Owner

Date

Signature of Owner

Date

Mark the applicable boxes ☐ Certificate of Status — \$10 ☐ Certified Copy — \$30

NON-REFUNDABLE PROCESSING FEE: \$50