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11/11/2021

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AMOUNT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Health Investments, 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:

Jason Calvasina

Name of Person

BJB Administrative Services, LLC

Firm/Company

1589 Appling Road

Address

Cordova, TN 38016

City/State and Zip Code

jvc@bjbas.com

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

For further information concerning this matter, please call:

Jason Calvasina

901

842-5596

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. Health Investments, 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 62-1479520
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 9001 HWY 98 West 11275 US Highway 98 West
(Street Address of Principal Office) (Mailing Address)
APT B807 Suite 6, Box 414
Miramar Beach, FL 32550 Miramar Beach, FL 32550

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.

Denise Bell Denise Bell, Assistant Secretary
(Registered agent's signature)

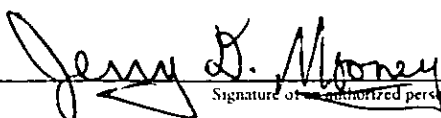
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<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: Jerry D. Mooney	<input checked="" type="checkbox"/> Manager	Name: Ian J. Franklin
<input checked="" type="checkbox"/> Member	Address: 9001 HWY 98 West	<input type="checkbox"/> Member	Address: 10862 Canyon Bay Lane
<input type="checkbox"/> Authorized	Apt B807	<input type="checkbox"/> Authorized	Boynton Beach, FL 33473
Person	Miramar Beach, FL 32550	Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name: Clara E. Franklin	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address: 773 Sandy Hill Circle	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	Port Orange, FL 32127	<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<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	<input type="checkbox"/> 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 authorized person
Jerry D. Mooney, Member
Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTH INVESTMENTS, 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 EIGHTH DAY OF APRIL, A.D. 2020.

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



2277840 8300

SR# 20202681553

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.

Authentication: 202735352

Date: 04-08-20

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A DELAWARE CORPORATION UNDER THE NAME OF "HEALTH INVESTMENTS, INC." TO A DELAWARE LIMITED LIABILITY COMPANY, CHANGING ITS NAME FROM "HEALTH INVESTMENTS, INC." TO "HEALTH INVESTMENTS, LLC", FILED IN THIS OFFICE ON THE EIGHTEENTH DAY OF MARCH, A.D. 2020, AT 1:39 O'CLOCK P.M.



2277840 8100V
SR# 20202682073

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.

Jeffrey W. Bullock, Secretary of State

Authentication: 202735451
Date: 04-08-20

**CERTIFICATE OF CONVERSION
OF
HEALTH INVESTMENTS, INC. a Delaware corporation
INTO
HEALTH INVESTMENTS, LLC, a Delaware limited liability company**

Pursuant to Section 18-214 of the Delaware Limited Liability Company Act, Health Investments, Inc. (the "**Corporation**") submits this certificate of conversion (this "**Certificate**"), dated as of March 18, 2020:

1. The jurisdiction in which the Corporation was formed is Delaware. The date of formation is November 1, 1991.
2. The name of the Corporation immediately prior to filing this Certificate is Health Investments, Inc.
3. The name of the Limited Liability Company as set forth in the Certificate of Formation, to be filed simultaneously with this Certificate, is Health Investments, LLC.
4. This Certificate shall be effective upon filing with the Delaware Secretary of State on March 18, 2020 (the "**Effective Date**").

{Signature page follows.}

IN WITNESS WHEREOF, the undersigned has executed this Certificate as of the date first written above.

HEALTH INVESTMENTS, INC.

By: 

Name: Ian Franklin

Title: President


Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF FORMATION OF "HEALTH INVESTMENTS,
LLC", FILED IN THIS OFFICE ON THE EIGHTEENTH DAY OF MARCH, A.D.
2020, AT 1:39 O`CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

2277840 8100
SR# 20202682073

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

Authentication: 202735452
Date: 04-08-20

**CERTIFICATE OF FORMATION
OF
HEALTH INVESTMENTS, LLC**

The undersigned person, acting as an authorized person of a Limited Liability Company under Section 18-201 of the Delaware Limited Liability Company Act, adopts the following Certificate of Formation (this “**Certificate**”) for such company, as of March 18, 2020:

1. The name of the limited liability company is Health Investments, LLC (the “**Company**”).
2. The address of the registered office of the Company in the State of Delaware is 1209 Orange Street, Wilmington, New Castle County, DE 19801. The name of the registered agent of the Company located at the registered office set forth above is The Corporation Trust Company.
3. This Certificate shall be effective as of March 18, 2020 (the “**Effective Date**”).

[Signature page follows.]

IN WITNESS WHEREOF, the undersigned has executed this Certificate as of the date first written above.

HEALTH INVESTMENTS, LLC

By: 

Name: Ian Franklin

Title: President