

5/4/2020

Division of Corporations

**H200001309913**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)288-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company**  
**Southern Orthodontic Partners Management, L.L.C**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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MAY 03 2020

**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. Southern Orthodontic Partners Management, 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. Delaware

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

3. \_\_\_\_\_

(FII 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)

2525 West End Avenue, Suite 925

5. \_\_\_\_\_  
(Street Address of Principal Office)

Nashville, TN 37203

2525 West End Avenue, Suite 925

6. \_\_\_\_\_  
(Mailing Address)

Nashville, TN 37203

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

(City)

, Florida

33324

(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.*

C T Corporation System

By: Stephanie Hencz Stephanie Hencz - Assistant Secretary  
(Registered agent's signature)

2020-05-04 12:11:29


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:		Title or Capacity:		Name and Address:	
<input type="checkbox"/> Manager	Name:	John Nelson		<input type="checkbox"/> Manager	Name:	Will Peoples	
<input type="checkbox"/> Member	Address:	2525 West End Avenue		<input type="checkbox"/> Member	Address:	2525 West End Avenue	
<input type="checkbox"/> Authorized		Suite 925		<input type="checkbox"/> Authorized		Suite 925	
Person		Nashville, TN 37203		Person		Nashville, TN 37203	
<input checked="" type="checkbox"/> Other, Chief Executive				<input checked="" type="checkbox"/> Other, Chief Financial			
<input type="checkbox"/> Other, Officer				<input type="checkbox"/> Other, Officer			
<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"/> 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			

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  
 John Nelson, Chief Executive Officer  
 Typed or printed name of signatory

2020-05-04 12:11:29

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "SOUTHERN ORTHODONTIC PARTNERS  
MANAGEMENT, 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 FOURTH DAY OF MAY,  
A.D. 2020.

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

2020-05-04 10:16



Jeffrey W. Bullock, Secretary of State

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SR# 20203405682

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202871394

Date: 05-04-20