Division of Corporations Electronic Filing Cover Sheet

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(((H20000216471 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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

Email	Address:		 •
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### Foreign Limited Liability Company LOCUMS CHOICE, LLC

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

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Locums Choice, 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
Capitol Services - Corporate Filings Team
Firm/Company
515 East Park Avenue 2nd Fl
Address
Tallahassee FL 32301
City/State and Zip Code
ioe.lepore@healthcareitleaders.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
at ( 855 ) 498-5500
Name of Contact Person Area Code 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:  \$\int\\$125.00\ \text{Filing Fee} \int\\$130.00\ \text{Filing Fee &\$\$155.00\ \text{Filing Fee &\$\$160.00\ \text{Filing Fee, Certificate}} \text{Certificate of Status & Certified Copy}  \$\int\\$125.00\ \text{Filing Fee &\$\$160.00\ \text{Filing Fee, Certificate}} \text{Opy}

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	TION 605,0902, FLORIDA STATUTES, THE FOLL ISINESS INTTIE STATE OF FLORIDA:	OWING IS SUBMITTED TO REGISTER A P	OREIGN LIMITED LIABILITY
Locums Choice	e, LLC		
(Name of Foreign	Limited Liability Company; must include "Limited Li	ability Company," "L.L.C.," or "LLC.")	
(If name mavallable, enter alternate a	ame adopted for the purpose of transacting business in Florida	The alternate name must include "Limited Liability Co	mpsay," "LLC," or "LLC.")
2. Georgia		<sub>3.</sub> 83-4454318	
(Jurisdiction under the law of wi	nick foreign limited liability company is organized)	(FHI mirriber, if ap	plicable)
4. 06/04/2020			
	(Date first transacted business in Florida, if prior to regis (See sections 605,0904 & 605 0905, F.S. to determine p		
5. 925 North Poin	t Parkway	6. 925 North Point Park	way
Suite 425		Suite 425	
Alpharetta, GA	30005	Alpharetta, GA 3000	5
7. Name and street addres	s of Florida registered agent: (P.O. Box N	<del></del>	
Name:	Capitol Corporate Services	, Inc.	
Office Address:	515 East Park Avenue 2nd	<u>FI</u>	
	Tallahassee	, Florida 32301	
Registered agent's accep	(City)	(Zip code)	
Having been named as re	gistered agent and to accept service of pro-		
	tion, I hereby accept the appointment as re ions of all statutes relative to the proper an		
	s of my position as registered agent.	Kim Tadlock, Assista	
	- Vien Teelleh	behalf of Capitol Corpo	prate Services, Inc.
	(Régistered agent's sign	durc)	
8. The name, title or capa <u>Title or Capacity:</u>	icity and address of the person(s) who has/h Name and Address:		me and Address:
President	Josh Campbell		
	925 North Point Parkway, S425		
	Alpharetta, GA 30005		
	· · · · · · · · · · · · · · · · · · ·		
(Use attachments if neces	SALV)		
•	***		austadu of seconds in the
	of existence, no more than 90 days old, dul of which it is organized. (If the certificate is abmitted)		
10. This document is exec	uted in accordance with section 605.0203 (1	) (b), Florida Statutes. I am aware that	any false information
	the Department of State constitutes a third		
	jost campbell (Julif., 2020 13:25 EDT) Signature of a	a authorized person	
	•		
	josh campbell	tod name of signer	-

Control Number: 19051741

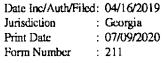
# STATE OF GEORGIA

## **Secretary of State**

**Corporations Division** 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of
my office that
30 9 9 B B B B B B B B B B B B B B B B B
Locums Chalge, LLC o
a Domestic United Liability Company
H = 1
was formed in the jurisdiction stated below or was authorized to pransact business in Georgia on the
below date. Said entity is in compliance with the applicable filling and annual registration provisions of
Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of
cancellation or any other similar document with the office of the Secretary of State.
This certificate relates only to the legal existence of the above named entity as of the date issued. It does
This certificate relates buy be me regarded stellar of the date issued. It does
not certify whether of not a notice of intent to dissolve, an application for withdrawal, a statement of
commencement of winding up or any, other similar document has been, filed on is pending with the
Secretary of State. YXX 19. 11. 11. W. 11. 11.
This certificate is issued pursuant to Title 14-of the Official Code of Georgia Amotated and is prima facie
evidence that said entity is in existence or is authorized to transact business in this state.
evidence that said childy is in estimate of is authorizing to tainess my this state.
1776
D. 1.41 (1) (1050C42)
Docket Number : 19250642





Brad Rafforgerge

**Brad Raffensperger** Secretary of State