

1420 0000 06386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

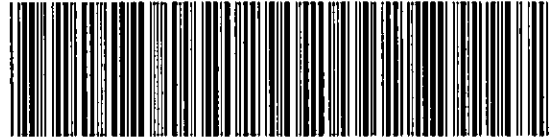
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 JUL 13 AM 10:39

SBF
7/27/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROACTIVE MD MANAGEMENT SERVICES, 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:

CORINNE HURLEY

Name of Person

PROACTIVE MD MANAGEMENT SERVICES, LLC

Firm/Company

10 CENTIMETERS DRIVE

Address

MAULDIN, SC 29662

City/State and Zip Code

CHURLEY@PROACTIVE.MD

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

For further information concerning this matter, please call:

CORINNE HURLEY

864

501-0754

at ()

Name of Contact Person

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

2020 JUN 13 AM 10:33

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. PROACTIVE MD MANAGEMENT SERVICES, 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

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

81-0960095

3. (EIN number, if applicable)

4. APRIL 13, 2020

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0604 & 605.0605, F.S., to determine penalty liability.)

5. 501 NORTH ORLANDO AVENUE #313230

(Street Address of Principal Office)

10 CENTIMETERS DRIVE

6. (Mailing Address)

WINTER PARK, FLORIDA 32789

MAULDIN, SC 29662

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

Name: CT CORPORATION SYSTEM

Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION

(City)

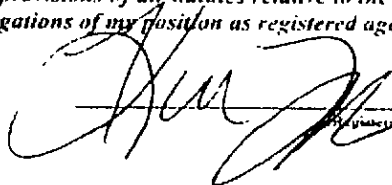
Florida

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.

 Karen Fugelsang, asst secy

2020 JUN 13 AM 10:39

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: JOHN P. COLLIER

☒ Member Address: 10 CENTIMETERS DRIVE

☐ Authorized MAULDIN, SC 29662

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: BENJAMIN R. STONER

☐ Member Address: 10 CENTIMETERS DRIVE

☒ Authorized MAULDIN, SC 29662

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

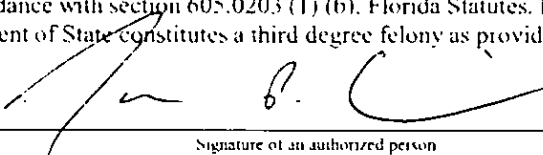
Person _____

☐ Other _____ ☐ 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 P. COLLIER

Typed or printed name of signee

Delaware

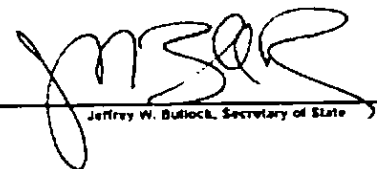
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "PROACTIVE MD MANAGEMENT SERVICES, 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 THIRTIETH DAY OF JUNE, A.D. 2020.

2020 JUN 30 13:10:39




Jeffrey W. Bullock, Secretary of State

5921543 8300

SR# 20205998496

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

Authentication: 203206166

Date: 06-30-20