

N 200000006433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

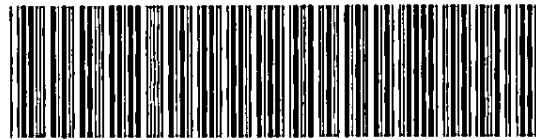
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 JUL 15 PM 2:36  
CLERK OF COURT  
HALL COUNTY, FLORIDA

7/27/20  
45

✓

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MATRIX CLINICAL SOLUTIONS, 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:

KARLA MOTSENBOCKER

Name of Person

MATRIX MEDICAL NETWORK

Firm/Company

9201 E MOUNTAIN VIEW RD, SUITE 220

Address

SCOTTSDALE, AZ 85258

City/State and Zip Code

Karla.Motsenbocker@matrixmedicalnetwork.com

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

For further information concerning this matter, please call:

Karla Motsenbocker

480

862-1557

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

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. MATRIX CLINICAL SOLUTIONS, 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)

3.

(FEI number, if applicable)

4. N/A

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

5. 9201 E MOUTAIN VIEW RD

(Street Address of Principal Office)

9201 E MOUTAIN VIEW RD.

6.

(Mailing Address)

SUITE 220

SUITE 220

SCOTTSDALE, AZ 85258

SCOTTSDALE, AZ 85258

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

Name:

CORPORATION SERVICE COMPANY

Office Address:

1201 HAYS STREET

TALLAHASSEE

(City)

, Florida

32301

(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.

Sandra Younker  
(Registered agent's signature)

Sandra Younker Aest. V.P.

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: CCHN HOLDINGS, LLC

☒ Member Address: 9201 E MOUNTAIN VIEW RE

☐ Authorized SUITE 220

Person SCOTTSDALE, AZ 85258

☐ Other ☐ Other

☐ Manager Name: KARLA MOTSENBOCKER

☐ Member Address: 9201 E MOUNTAIN VIEW RE

☐ Authorized SUITE 220

Person SCOTTSDALE, AZ 85258

☒ Other AUTH. AGENT ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other ☐ Other

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

☐ Manager Name: MARK SCHONAU

☐ Member Address: 9201 E MOUNTAIN VIEW RE

☐ Authorized SUITE 220

Person SCOTTSDALE, AZ 85258

☒ Other CFO ☒ Other TREASURER

☐ 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

MARK SCHONAU, CFO/TREASURER

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 THAT "MATRIX CLINICAL SOLUTIONS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

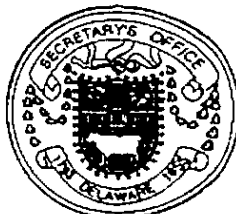
THE FOLLOWING DOCUMENTS HAVE BEEN FILED:


CERTIFICATE OF FORMATION, FILED THE TWENTY-FIFTH DAY OF JUNE A.D. 2020, AT 5:26 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MATRIX CLINICAL SOLUTIONS, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF JUNE, A.D. 2020.

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



  
Jeffrey W. Bullock, Secretary of State

3115684 8315

SR# 20206130551

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

Authentication: 203255567

Date: 07-09-20

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

Name: CORPORATION SERVICE COMPANY

Office Address: 1201 HAYS STREET

TALLAHASSEE

(City)

, Florida 32301

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Sandra Younker Asst. V.P.

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☒ Member Address: 9201 E MOUNTAIN VIEW RD  
SUITE 220  
SCOTTSDALE, AZ 85258

☐ Authorized Person

☐ Other ☐ Other

☐ Manager Name: KARLA MOTSENBOCKER

☐ Member Address: 9201 E MOUNTAIN VIEW RD  
SUITE 220  
SCOTTSDALE, AZ 85258

☐ Authorized Person

☒ Other AUTH. AGENT ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

☐ Other ☐ Other

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

☐ Manager Name: MARK SCHONAU

☐ Member Address: 9201 E MOUNTAIN VIEW RD  
SUITE 220  
SCOTTSDALE, AZ 85258

☐ Authorized Person

☒ Other CFO ☒ Other TREASURER

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

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☐ Authorized \_\_\_\_\_

☐ Other ☐ Other

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\_\_\_\_\_  
Signature of an authorized person

MARK SCHONAU, CFO/TREASURER

\_\_\_\_\_  
Typed or printed name of signer

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