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### COVER LETTER

St. Christina's Ambulance Service, Li	rc
	Name of Limited Liability Company
he enclosed "Application by Foreign Limited Liab Nistence, and check are submitted to register the a	bility Company for Authorization to Transact Business in Florida," Cert bove referenced foreign limited liability company to transact business i
ease return all correspondence concerning this ma	atter to the following:
Giovanni Giarratana	
	Name of Person
Bradley Arant Boult Cummings	LLP Sign 2
	Firm/Company
100 N Tampa St, Suite 2200	
	Address
Tampa, FL 33602	EFFE 2
	City/State and Zip Code
stchristinasambulance@gmail.com	
E-mail address:	(to be used for future annual report notification)
or further information concerning this matter, pleas	se call:
Ashley Galvin	423 557-4034
Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amou	int:
Please make check payable to: FLORIDA  S125.00 Filing Fee S130.00 Filin	
<del>-</del>	gg Fee & Status Status Certified Copy of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 6/5.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. St. Christina's Ambula			
(Name of Foreign	Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "LLC.")	
H			71 20
Texas	name adopted for the purpose of transacting business in Fle	ords. The alternate name must include "Limited Lin 273188821	billiy Company, "LLA" or "LLC",
2		3	
(Anisorction under the law of w	such foreign limited liability company is organized)	(FEI mumbe	r. if applicable)
			FIG. 2
	(Date first transacted business in Florida, if prior to n (See sections 605,0904 & 605,0905, F.S. to determine	egistration.)	- 72 22
10 Bobby Green Plaza		10 Bobby Green Plaza 6.	36 Halen
treet Address of Principal Office)		(Mailing Address)	<del></del>
Aubumdale, FL 33823		Auburndale, FL 33823	
			<del></del>
. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	Ashley Galvin		
Office Address:	10 Bobby Green Plaza		
	Auburndale	33823 Florida	
	(City)	(Zip code)	
esignated in this applica comply with the provisi	gistered agent and to accept service of prition, I hereby accept the appointment as ons of all statutes relative to the proper as of my position as registered agent.	registered agent and agree to act in and complete performance of my du	this capacity. I further agre
	(Registered agent's 4)	gialtire)	<del></del>

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Ashley Galvin □Manager Name: \_\_\_\_\_ ■ Manager 10 Bobby Green Plaza Address: \_\_\_ ■ Member Address: □ Member Auburndale, FL 33823 Authorized Authorized Person Person □Other\_\_\_\_\_ □Other\_ □ Other Name: \_\_\_\_\_ □Manager Name: □Manager □Member Address: □Member Address: □ Authorized □ Authorized Person Person Other Other\_\_\_ □Other \_\_\_ □Other \_\_ Name: Name: □Manager □Manager □Member ☐ Member Address: Address:  $\square$ Authorized □ Authorized Person Person Other □Other\_\_\_\_\_ □Other\_\_\_ □Other\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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

Typed or printed name of signee

Ashley Galvin, Owner, CEO

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



## Office of the Secretary of State

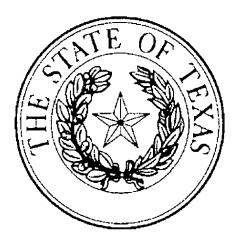
### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for ST CHRISTINA'S AMBULANCE SERVICE LLC (file number 801306733), a Domestic Limited Liability Company (LLC), was filed in this office on August 16, 2010.

It is further certified that the entity status in Texas is in existence.



In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on July 10, 2020.



Ruth R. Hughs Secretary of State

TID; 10264

Dial: 7-1-1 for Relay Services Document: 982194830003