

Division of Corporations

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FOR RE-SUBMISSION
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP.
Account Number : 076666002140
Phone : (727) 461-1818
Fax Number : (727) 441-8617

****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
Multi-Specialty Physician Services, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED
2020 AUG -5 PM 1:43

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August 5, 2020

FLORIDA DEPARTMENT OF STATE

Division of Corporations

JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP.

SUBJECT: MULTI-SPECIALTY PHYSICIAN SERVICES, LLC
REF: W20000085099

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

FAX Aud. #: H20000261720
Letter Number: 120A00014667

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Multi-Specialty Physician 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:

Rachel O. Chase

Name of Person

Johnson, Pope, Bokor, Ruppel & Burns, LLP

Firm/Company

490 1st Avenue South, Suite 700

Address

Saint Petersburg, Florida 33701

City/State and Zip Code

kkinmon@gmail.com

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

For further information concerning this matter, please call:

Rachel O. Chase

Name of Contact Person

at (**727**) **330-3665**

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

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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. Multi-Specialty Physician 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)

3.

(FEI number, if applicable)

4. Upon filing

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

5. 2609 Woolbright Road 3-A

(Street Address of Principal Office)

Boynton Beach, Florida 33436

6. 2609 Woolbright Road 3-A

(Mailing Address)

Boynton Beach, Florida 33436

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

Name: Chestnut Business Services, LLC

Office Address: 490 1st Avenue South, Suite 700

Saint Petersburg

(City)

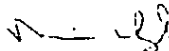
Florida

33701

(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.



(Registered agent's signature)

Michael A. Igel, Vice President

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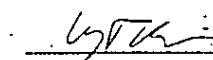
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Kyle J. Kinmon, D.P.M.</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>2609 Woolbright Road 3-A</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Boynton Beach, Florida 33436</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<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 _____	<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 _____	<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

Kyle J. Kinmon, D.P.M., Manager

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF FORMATION OF "MULTI-SPECIALTY
PHYSICIAN SERVICES, LLC", FILED IN THIS OFFICE ON THE
SEVENTEENTH DAY OF JULY, A.D. 2020, AT 4:07 O'CLOCK P.M.



A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

3267605 8100
SR# 20206288018

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

Authentication: 203308217
Date: 07-20-20

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:07 PM 07/17/2020
FILED 04:07 PM 07/17/2020
SR 20206288018 - File Number 3267605

**STATE OF DELAWARE
CERTIFICATE OF FORMATION
LIMITED LIABILITY COMPANY**

The undersigned authorized person has duly executed this Certificate of Formation and filed with the State of Delaware on July 17, 2020, in accordance with Section 18-201 of the Delaware Limited Liability Company Act, and hereby certifies as follows:

ARTICLE I

The name of the limited liability company is MULTI-SPECIALTY PHYSICIAN SERVICES, LLC.

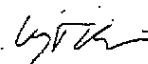
ARTICLE II

The name and the address of the registered agent of the limited liability company required to be maintained by Section 18-104 of the Delaware Limited Liability Company Act are Corporation Service Company, 251 Little Falls Drive, Wilmington, Delaware 19808.

ARTICLE III

The debts, obligations and liabilities of the Company, whether arising in contract, tort, or otherwise, shall be solely the debts, obligations and liabilities of the Company; and no member or manager of the Company shall be obligated personally for any such debt, obligation or liability of the Company solely by reason of being a member or acting as a manager of the Company.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation as of this 17 day of July, 2020.



KYLE J. KINMON, D.P.M.,
Authorized Representative of the Member