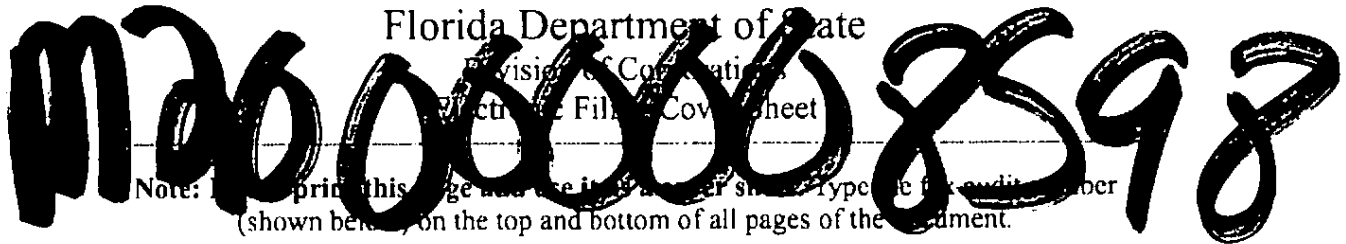


10/1/2020

Division of Corporations



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (514)280-3338
Fax Number : (954)208-0845

****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
The Indiana Clinic Support Services, LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

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DocuSign Envelope ID: CF90D418-3F3E-49F8-8E86-AFE40A96481E

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:

Indiana Clinic Support Services, LLC

1. _____
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")
Indiana 26-42254482. _____ 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

9/6/2020

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

1527 Deer Tree In

1527 Deer Tree In

5. _____ 6. _____
(Street Address of Principal Office) (Mailing Address)

Brandon, FL 33510

Brandon, FL 33510

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

C T Corporation System

Name: _____

1200 South Pine Island Road

Office Address: _____

Plantation

33324

_____, Florida _____
(City) (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.

C T Corporation System
By: Margaret E. Routzahn
(Registered agent's signature)
Margaret E. Routzahn, Special Ass't Secretary

DocuSign Envelope ID: CF90D416-3F3E-49F8-8E86-AFE40A96481E

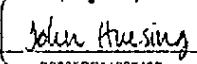
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Susan Porter	<input type="checkbox"/> Manager	Name: Dennis Murphy
<input type="checkbox"/> Member	Address: 950 N Meridian Street Ste 300	<input type="checkbox"/> Member	Address: 950 N Meridian Street Ste 3
<input checked="" type="checkbox"/> Authorized	Indianapolis, IN 46204	<input type="checkbox"/> Authorized	Indianapolis, IN 46204
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other	CEO & Director
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: John D. Huesing	<input type="checkbox"/> Manager	Name: Jennifer Alvey
<input type="checkbox"/> Member	Address: 950 N Meridian Street Ste 300	<input type="checkbox"/> Member	Address: 950 N Meridian Street Ste 3
<input type="checkbox"/> Authorized	Indianapolis, IN 46204	<input type="checkbox"/> Authorized	Indianapolis, IN 46204
Person		Person	
<input checked="" type="checkbox"/> Other	VP & Treasurer	<input checked="" type="checkbox"/> Other	CFO
<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.

DocuSigned by:

 9/30/2020 | 11:56 AM EDT
 Signature of an authorized person
 John D Huesing Authorized Person 9/30/2020
 Typed or printed name of signer

**State of Indiana
Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

THE INDIANA CLINIC SUPPORT SERVICES, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on December 29, 2008, and was in existence or authorized to transact business in the State of Indiana on September 30, 2020.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, September 30, 2020

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2008123000781 / 20201646991

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on October 30, 2020.