

M20000008994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

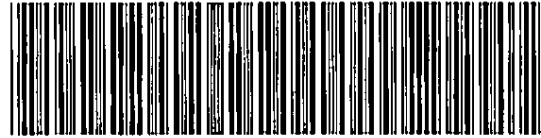
(Document Number)

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

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20 OCT -5 PM 9 03

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

Emergency Care Partners, LLC

**SUBJECT:** \_\_\_\_\_  
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:

Beth Comeaux

\_\_\_\_\_  
Name of Person

Emergency Care Partners, LLC

\_\_\_\_\_  
Firm/Company

5000 Ambassador Caffery Parkway, Bldg. 15, Ste A

\_\_\_\_\_  
Address

Lafayette, LA 70508

\_\_\_\_\_  
City/State and Zip Code

beth.comeaux@pcmanagement.com

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

For further information concerning this matter, please call:

Beth Comeaux

337

534-0952

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

20 OCT -5 PM 9 03  
RECEIVED

**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. Emergency Care Partners, 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 3. 83-1824425  
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 997 South Palafox Street 6. 5000 Ambassador Caffery Parkway,  
(Street Address of Principal Office) (Mailing Address)  
2nd Floor Bldg 15, Ste. A  
Pensacola, FL 32502 Lafayette, LA 70508

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

Name: InCorp Services, Inc.  
Office Address: 17888 67th Court North  
Loxahatchee 33470  
(City) , Florida (Zip code)

FILED  
20 OCT -5 PM 9:03  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

**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.*

Beth Comeaux Beth Comeaux on behalf of InCorp Services, Inc.  
(Registered agent's signature)

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: William Yarbrough, CEO

☐ Member Address: 997 South Palafox Street

☒ Authorized 2nd Floor

Person Pensacola, FL 32502

☐ Other ☐ Other

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

☐ Manager Name: Barbara Fit

☐ Member Address: 5000 Ambassador Caffery Pkwy

☒ Authorized Bldg. 15, Ste A

Person Lafayette, LA 70508

☐ Other ☐ Other

☐ Manager Name: Amy Provost

☐ Member Address: 5000 Ambassador Caffery Pkwy

☒ Authorized Bldg. 15, Ste A

Person Lafayette, LA 70508

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

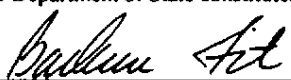
Person

☐ 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

Barbara Fit

\_\_\_\_\_  
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 "EMERGENCY CARE PARTNERS, 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 TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2020.



7039753 8300

SR# 20207429377

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

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

Jeffrey W. Bullock, Secretary of State

Authentication: 203720128

Date: 09-23-20

5000 AMBASSADOR CAFFERY PARKWAY  
BLDG 15, SUITE A  
LAFAYETTE, LA 70508

84-15/654

Q03-106

9/25/2020

PAY TO THE  
ORDER OF

Florida Department of State

5

**\*\*155.00**

One hundred fifty five and 00/100

DOLLARS

Registration Section- Division of Corporations  
Florida Department of State  
PO Box 6327  
Tallahassee FL 32314  
United States

Sybil

M

**AUTHORIZED SIGNATURE**

MEMO

**Filing Fee & Certified Copy Emergency Care Partner**

003106 0654001531 0060149004

**VARSITY EMERGENCY CARE MANAGEMENT, LLC**

Florida Department of State

3106

9/25/2020

003106

Date	Description	Orig. Amt.	Amt. Due	Discount	Amount
9/25/2020	Bill #Filing Fee & Certified Copy	155.00	155.00		155.00

1117 Cash : Operating Accounts : ... Filing Fee &amp; Certified Copy Emergency Care Partner

155.00