

M20000008998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

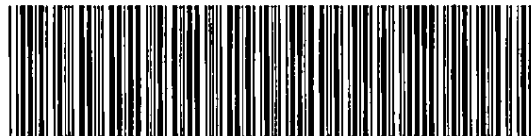
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

WDC
10/19

Office Use Only



800353087688

RECEIVED

OCT 05 2020

10/08/20--01014--029 **180.00

FILED
20 OCT -5 PM 9:04

COVER LETTER

**TO: Registration Section
Division of Corporations**

JARHEAD ANESTHESIA, 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:

MICHAEL J. DALEY

Name of Person

LAW OFFICE OF MICHAEL J. DALEY, PLLC

Firm/Company

PO BOX 4313

Address

MCALLEN, TEXAS 78502

City/State and Zip Code _____

joshandtiffany@yahoo.com

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

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

For further information concerning this matter, please call:

MICHAEL J. DALEY

956

661-9992

_____ at (_____) _____
Name of Contact Person Area Code Daytime Telephone Number

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:*

JARHEAD ANESTHESIA, L.L.C.

1. _____
(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.")
ALABAMA 82-2535902

2. _____ 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
7100 PLANTATION ROAD, SUITE 8G 7100 PLANTATION ROAD, SUITE 8G

5. _____ 6. _____
(Street Address of Principal Office) (Mailing Address)
PENSACOLA, FL 32504 PENSACOLA, FL 32504

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

Name: JOSHUA L. MURPHY

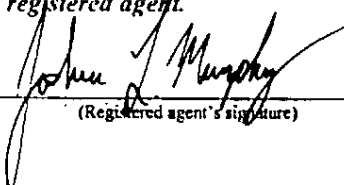
7100 PLANTATION ROAD, SUITE 8G

Office Address: PENSACOLA 32504

_____, 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.

✓ 

(Registered agent's signature)

FILED
20 OCT -5 PM 9:04
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

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:**
JOSHUA L. MURPHY
☒ Manager Name: _____
7100 PLANTATION ROAD, SUITE 801
☒ Member Address: _____
PENSACOLA, FL 32504
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

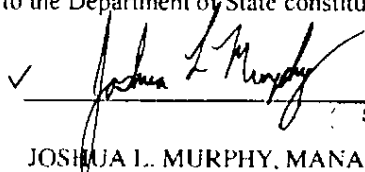
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ 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
JOSHUA L. MURPHY, MANAGER

Typed or printed name of signer

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Jarhead Anesthesia LLC was formed in Baldwin County, Alabama on August 29, 2017. The Alabama Entity Identification number for this entity is 402-186. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20200922000009504

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

09/22/2020

Date

A handwritten signature in black ink that reads 'J. H. Merrill'.

John H. Merrill

Secretary of State