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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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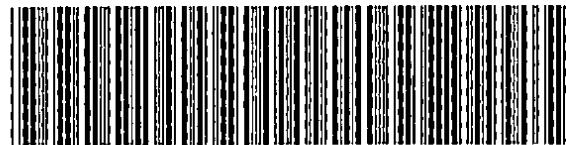
Certificates of Status _____

Special Instructions to Filing Officer:

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W200000119406

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S. BUREAU OF STATE
TALLAHASSEE, FLORIDA

US
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 15, 2020

ANDREW G. SPELL
200 OCEAN CREST DR.
OCEAN TOWERS UNIT 454
PALM COAST, FL 32137

SUBJECT: ANDREW G SPELL MD LLC
Ref. Number: W20000119406

We have received your document for ANDREW G SPELL MD LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Yvette Scott
Document Specialist II

Letter Number: 320A00020433

RECEIVED
OCT 26 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Andrew G Spell MD 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:

Andrew G Spell

Name of Person
Firm/Company
200 Ocean Crest Dr. Ocean Towers Unit 454
Address
Palm Coast FL 32137
City/State and Zip Code
docagspell@msn.com
E-mail address: (to be used for future annual report notification)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2028 OCT 27 PM 3:03

FILED

For further information concerning this matter, please call:

Andrew Spell	229	292-4803
Name of Contact Person	at ()
	Area Code	Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

\$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:

1. Andrew G Spell MD LLC

(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")

2. Georgia

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 27-3802414

(PEI number, if applicable)

4. September 15, 2020

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

5. 200 Ocean Crest Dr

(Street Address of Principal Office)

Ocean Towers Unit 454

Palm Coast, FL 32137

6.

(Mailing Address)

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

Name: Heather Renee Spell

Office Address: 200 Ocean Crest Dr. Ocean Towers Unit 454

Palm Coast

(City)

, Florida 32137

(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.

Heather Renee Spell

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Accountant

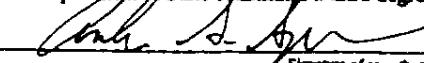
Thad E Hughes, CPA

2717 - A Windemere Drive
Valdosta, GA 31602

(Use attachments if necessary)

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

Andrew G Spell

Typed or printed name of signer

FILED
2020 OCT 27 PM 3:15
FLA. ATTACHEE, FLA.

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

FILED
2020 OCT 27 PM 3:03
FLORIDA
TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

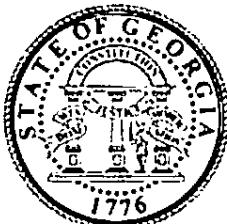
ANDREW G. SPELL, M.D., LLC
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 19644320
Date Inc/Auth/Filed: 10/26/2010
Jurisdiction : Georgia
Print Date : 10/06/2020
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State