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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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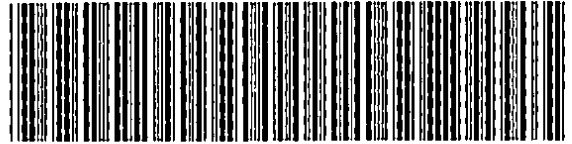
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Special Instructions to Filing Officer:

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W20000119406

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2020 OCT 27 PM 3:02

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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)

For further information concerning this matter, please call:

Andrew Spell

229

292-4803

at ( )

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

\_\_\_\_\_  
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

2008 OCT 27 PM 3:03  
STATE DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

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

(FEI 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.

Andrew G Spell  
Signature of an authorized person

Andrew G Spell

Typed or printed name of signer

FILED  
2020 OCT 27 PM 3:38  
TALLAHASSEE, FLORIDA

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### 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