

M20000010521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

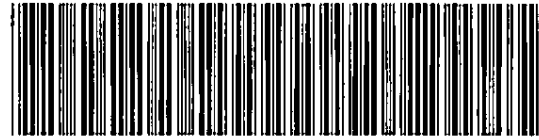
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 NOV 12 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PERLMAN, BAJANDAS, YEVOLI & ALBRIGHT, P.L.

ATTORNEYS AT LAW

November 10, 2020

Sent via FedEx to:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: Documents to be filed

Ladies and Gentlemen:

Enclosed to be filed please find the following documents:

Mobile Medical Management, LLC

1. Articles of Conversion for Mobile Medical Management, LLC (\$25.00);
2. State of Delaware Certificate of Conversion;
3. Application by Foreign LLC Company and Authorization to Transact Business in Florida (\$125.00);
4. State of Delaware Certificate of Formation; and
5. Check No. 3263 in the amount of \$150.00.

Premier Healthcare Centers, LP

1. Articles of Conversion for Premier Healthcare Centers, LP (\$25.00);
2. State of Delaware Certificate of Conversion;
3. Application by Foreign Limited Partnership to Transact Business in Florida (\$1,000.00);
4. State of Delaware Certificate of Formation; and
5. Check No. 3261 in the amount of \$1,025.00.

Premier Mobile Health Solutions, LLC

1. Articles of Conversion for Premier Mobile Health Solutions, LLC (\$35.00);
2. State of Delaware Certificate of Conversion;
3. Application by Foreign LLC Company and Authorization to Transact Business in Florida (\$125.00);
4. State of Delaware Certificate of Formation; and
5. Check No. 3262 in the amount of \$160.00.

P | B | Y | & | A

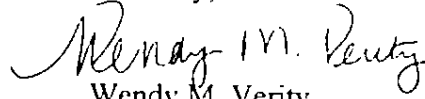
200 SOUTH ANDREWS AVENUE, SUITE 600 | FORT LAUDERDALE, FLORIDA 33301 | T 954.566.7117 | F 954.566.7115

283 CATALONIA AVENUE, 2ND FLOOR | CORAL GABLES, FLORIDA 33134 | T 305.377.0086 | F 305.377.0781

Please file conversion documents and foreign qualification documents contemporaneously.

Please let us know if you have any questions or concerns.

Sincerely,

A handwritten signature in cursive script that reads "Wendy M. Verity".

Wendy M. Verity
Legal Assistant

:wmv
enclosures

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. Mobile Medical Management, 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 (Jurisdiction under the law of which foreign limited liability company is organized)
3. 46-0868841 (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)

5. 4330 Sheridan St. (Street Address of Principal Office)
#210B
Hollywood, FL 33021
6. 4330 Sheridan St. (Mailing Address)
#210B
Hollywood, FL 33021

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

Name: Steve Leykind
Office Address: 4330 Sheridan St., #210B
Hollywood, Florida 33021
(City) (Zip code)

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TALLAHASSEE, 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.

Handwritten signature of Steve Leykind

(Registered agent's signature)

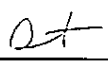
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Steve Leykind</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Leon Batkilin</u>
<input type="checkbox"/> Member	Address: <u>4330 Sheridan St., #210B</u>	<input type="checkbox"/> Member	Address: <u>4330 Sheridan St., #210B</u>
<input type="checkbox"/> Authorized Person	<u>Hollywood, FL 33021</u>	<input type="checkbox"/> Authorized Person	<u>Hollywood, FL 33021</u>
<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 Person	_____	<input type="checkbox"/> Authorized Person	_____
<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 Person	_____	<input type="checkbox"/> Authorized 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.



 Signature of an authorized person

 Steve Leykind

 Typed or printed name of signee

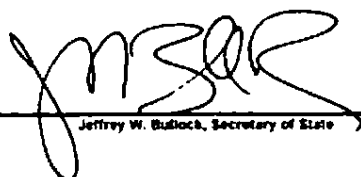
Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MOBILE MEDICAL MANAGEMENT, 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 FIFTH DAY OF NOVEMBER, A.D. 2020.




Jeffrey W. Bullock, Secretary of State

4062851 8300

SR# 20208204349

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204015343

Date: 11-05-20