

M20000010785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

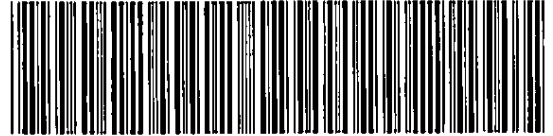
(Document Number)

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

Special Instructions to Filing Officer

w20-134107

Office Use Only



800355348928

RECEIVED  
2020 NOV 20 PM 12:35  
TALLAHASSEE, FLORIDA

FILED  
2020 NOV 24 AM 9:06  
TALLAHASSEE, FLORIDA

NOV 25 2020

M. SOLOMON



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 23, 2020

COGENCY GLOBAL

SUBJECT: KEMBERTON HEALTHCARE SERVICES, LLC  
Ref. Number: W20000134107

We have received your document for KEMBERTON HEALTHCARE SERVICES, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as or not distinguishable from the name of a voluntarily dissolved business entity. This name is not available for the assumption or use by another entity for 120 days after the effective date of the dissolution. The dissolved business entity may provide the Department of State with an affidavit or letter, releasing the name for use to you and affirming they have no intention of revoking the dissolution or you may adopt an alternate name for use in Florida. If you choose to adopt an alternate name, please enter that name in the space provided in number one of the application.

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.

KYLE D BRUMBLEY  
Regulatory Specialist II Supervisor

Letter Number: 120A00023556



**COGENCYGLOBAL**

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
**866.625.0838**  
COGENCYGLOBAL.COM

Date: **November 24, 2020**

Account#: 120000000088

Name: **KEN HOWELL**

Reference #: **1290818**

Entity Name: **KEMBERTON HEALTHCARE SERVICES, LLC**

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

**ISSUES? CALL  
KEN:  
518-213-0738**

Authorized Amount: **already deducted**

Signature: \_\_\_\_\_



**COGENCYGLOBAL**

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
**866.625.0838**  
COGENCYGLOBAL.COM

Date: **November 19, 2020**

Account#: I20000000088

Name: **KEN HOWELL**

Reference #: **1290818**

Entity Name: **KEMBERTON HEALTHCARE SERVICES, LLC**

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

**ISSUES? CALL  
KEN:  
518-213-0738**

Authorized Amount: **\$125.00**

Signature: \_\_\_\_\_



# KEMBERTON

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Monday, November 23, 2020

To whom it may concern,

Kemberton Healthcare Services, a Florida entity with Tax ID 26-2762480, is being dissolved and releases the name 'Kemberton Healthcare Services' for use in Florida. Kemberton does not intend to file a revocation of dissolution.

Please note that Kemberton Healthcare Services, a Tennessee entity with Tax ID 26-2762480, continues to exist and provide services to businesses in the state of Florida as well as the rest of the USA.

Sincerely,

George Abatjoglou  
Chief Executive Officer  
Kemberton  
2 International Drive, Ste 200  
Portsmouth, NH 03801

2020 NOV 24 AM 9:06  
KEMBERTON  
PORTSMOUTH, NH 03801

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. KEMBERTON HEALTHCARE SERVICES, 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. Tennessee 3. 26-2762480  
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI 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. 2 International Drive Suite 200 6. 2 International Drive Suite 200  
(Street Address of Principal Office) (Mailing Address)  
Portsmouth, NH 03801 Portsmouth, NH 03801

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

Name: COGENCY GLOBAL INC.

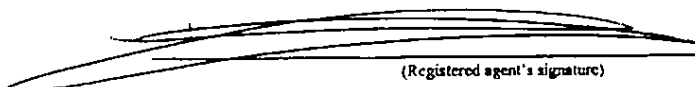
Office Address: 115 North Calhoun St. Suite 4

Tallahassee, Florida 32301  
(City) (Zip code)

FILED  
2020 NOV 24 AM 9:07  
CLERK OF STATE  
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.

  
(Registered agent's signature) KEM HANWELL, ASST. SECRETARY

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: Kemberton Holdings, LLC

☒ Member Address: 2 International Drive Suite 200

☐ Authorized Portsmouth, NH 03801

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

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

☐ Manager Name: George Abatjoglou

☐ Member Address: Kemberton Healthcare Services, LLC

☐ Authorized 2 International Drive Suite 200

Person Portsmouth, NH 03801

☒ Other CEO ☐ 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

George Abatjoglou

Copied or printed name of signer

FILED  
2020 NOV 24 AM 9:07  
CLERK OF COURT  
STATE OF FLORIDA  
COUNTY OF DADE



**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**

State of Tennessee  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**COGENCY GLOBAL INC.**  
VICKI SCHLIERER  
194 WASHINGTON AVE.  
ALBANY, NY 12210

November 18, 2020

**Request Type: Certificate of Existence/Authorization**  
Request #: 0390280

Issuance Date: 11/18/2020  
Copies Requested: 1

**Document Receipt**

Receipt #: 005894225 Filing Fee: \$20.00  
Payment-Credit Card - State Payment Center - CC #: 3793174171 \$20.00

**Regarding: KEMBERTON HEALTHCARE SERVICES, LLC**

Filing Type: Limited Liability Company - Domestic

Formation/Qualification Date: 06/04/2008

Status: Active

Duration Term: Perpetual

Business County: WILLIAMSON COUNTY

Control #: 578416

Date Formed: 06/04/2008

Formation Locale: TENNESSEE

Inactive Date:

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**KEMBERTON HEALTHCARE SERVICES, LLC**

\* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

\* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

\* has filed the most recent annual report required with this office;

\* has appointed a registered agent and registered office in this State;

\* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

Processed By: Cert Web User

Verification #: 042903429