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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TOI Management, 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:

Mark Hueppelsheuser  
Name of Person  
The Oncology Institute of Hope & Innovation  
Firm/Company  
18000 Studebaker Rd, Ste. 800  
Address  
Cerritos, CA 90703  
City/State and Zip Code  
MarkHueppelsheuser@theoncologyinstitute.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Hueppelsheuser at (562) 735-3226 x 89011  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 6, 2020

MARK HUEPPELSHEUSER  
18000 STUDEBAKER RD STE 800  
CERRITOS, CA 90703

SUBJECT: TOI MANAGEMENT, LLC  
Ref. Number: W20000114768

We have received your document for TOI MANAGEMENT, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 620A00019455

**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. TOI 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. County of New Castle, DE  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-1856196  
(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. 2105 W. Watrous Ave.  
(Street Address of Principal Office)

6. 18000 Studebaker Rd., Ste. 800  
(Mailing Address)

Tampa, FL 33606

Cerritos, CA 90703

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

Name: Joshua Rademacher

Office Address: 2105 W. Watrous Ave.

Tampa, Florida 33606  
(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.*

DocuSigned by:  
Josh Rademacher  
4D2DF28FA135481  
(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]:

**Title or Capacity:**  Manager **Name and Address:** Name: Brad Hively  
 Member Address: 18000 Studebaker Rd.  
 Authorized Suite 800  
 Person Cerritos, CA 90703  
 Other CEO  Other \_\_\_\_\_

**Title or Capacity:**  Manager **Name and Address:** Name: Hilda Agajanian  
 Member Address: 18000 Studebaker Rd.  
 Authorized Suite 800  
 Person Cerritos, CA 90703  
 Other President  Other \_\_\_\_\_

Manager **Name and Address:** Name: Sachin Patel  
 Member Address: 18000 Studebaker Rd.  
 Authorized Suite 800  
 Person Cerritos, CA 90703  
 Other CFO  Other \_\_\_\_\_

Manager **Name and Address:** Name: Richy Agajanian, M.D.  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other Founder/Sr. Regio  Other \_\_\_\_\_

Manager **Name and Address:** Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager **Name and Address:** 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.

Hilda Agajanian  
 Signature of an authorized person  
 Hilda Agajanian  
 Typed or printed name of signee

# Delaware

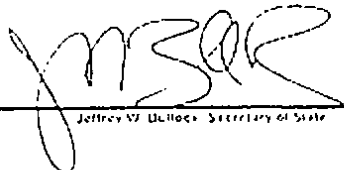
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TOI MANAGEMENT, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



  
Jeffrey W. Bullock, Secretary of State

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SR# 20207807047

Authentication: 204166450

Date: 11-25-20