

11/30/2020

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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TALLAHASSEE, FL 32309

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Foreign Limited Liability Company
MC HEALTH MSO LLC

Certificate of Status	0
Certified Copy	1
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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. MC HEALTH MSO 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 83-4084571
(Jurisdiction under the law of which foreign limited liability company is organized) (EIT number, if applicable)

4. 702 SW 8TH ST MSC 0235
(Date first transacted business in Florida, if prior to registration) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 702 SW 8TH ST MSC 0235
(Street Address of Principal Office)

6. 702 SW 8TH ST MSC 0235
(Mailing Address)

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

Name: CT CORPORATION SYSTEM

Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION, Florida 33324
(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.

James M. Halpin

Assistant Secretary

(Registered agent's signature)

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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]: **PLEASE SEE ATTACHED.**

<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>James Vawter</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Lori Flees</u>
<input type="checkbox"/> Member	Address: <u>702 SW 8th St MSC 0235</u>	<input type="checkbox"/> Member	Address: <u>702 SW 8th St MSC 0235</u>
<input type="checkbox"/> Authorized	<u>Bentonville, AR 72716</u>	<input type="checkbox"/> Authorized	<u>Bentonville, AR 72716</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Marcus Osborne</u>	<input type="checkbox"/> Manager	Name: <u>Daniel Eckert</u>
<input type="checkbox"/> Member	Address: <u>702 SW 8th St MSC 0235</u>	<input type="checkbox"/> Member	Address: <u>702 SW 8th St MSC 0235</u>
<input checked="" type="checkbox"/> Authorized	<u>Bentonville, AR 72716</u>	<input checked="" type="checkbox"/> Authorized	<u>Bentonville, AR 72716</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Jinali Desi</u>	<input type="checkbox"/> Manager	Name: <u>Robbie Hinz</u>
<input type="checkbox"/> Member	Address: <u>702 SW 8th St MSC 0235</u>	<input type="checkbox"/> Member	Address: <u>702 SW 8th St MSC 0235</u>
<input checked="" type="checkbox"/> Authorized	<u>Bentonville, AR 72716</u>	<input checked="" type="checkbox"/> Authorized	<u>Bentonville, AR 72716</u>
Person	_____	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 _____ provided for in s 817.155, F.S.

Marcus Osborne

Signature of an authorized person

MARCUS OSBORNE

Typed or printed name of signer

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Attachment to Application for Authority (FL) – MC Health MSO LLC

Name	Title or Capacity	Address
Jeanine Jiganti	Manager	702 SW 8 th St MSC 0235 Bentonville, AR 72716

2020 NOV 30 PM 4:49
STATE OF FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MC HEALTH MSO 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 EIGHTEENTH DAY OF NOVEMBER, A.D. 2020.

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

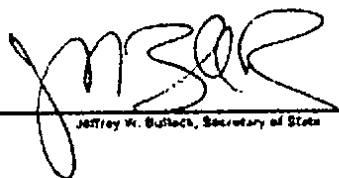
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DELAWARE SECRETARY OF STATE



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


Jeffrey W. Bullock, Secretary of State

Authentication: 204113848

Date: 11-18-20