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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : M. BURR KEIM COMPANY
Account Number : I19990000242
Phone : (215)563-8113
Fax Number : (215)977-9386

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

Email Address: _____

Foreign Limited Liability Company
SPOTLYTE HEALTH, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

RECEIVED

2020 DEC 18 PM 1:15

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531
12/21/20

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPOTLYTE HEALTH, 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

Robert Worthington, Jr.

Name of Person

M. BURR KEIM COMPANY

Firm/Company

2021 Arch Street

Address

Philadelphia, Pennsylvania 19103

City/State and Zip Code

rworthington@mburrkeim.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Worthington, Jr. at (215) 563-8113 ext 229

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.

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

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN 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 FLORIDA1 SPOTLYTE HEALTH, 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 Pennsylvania 3 84-5130393
(Jurisdiction under the law of which foreign limited liability company is organized) (EFT 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)5 257 North 2nd Street - Apt 401 6 257 North 2nd Street - Apt 401
(Street Address of Principal Office) (Mailing Address)Philadelphia, PA 19106Philadelphia, PA 191067 Name and street address of Florida registered agent (P O Box NOT acceptable)Name: W. Bradley Munroe, EsquireOffice Address 239 E. Virginia StreetTallahassee, Florida 32301
(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.

W. Bradley Munroe
(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]

Title or Capacity:Name and Address:

☐ Manager Name: Gregg Golin
☐ Member Address: 257 North 2nd Street
☒ Authorized Apt 401
Person Philadelphia, PA 19106
☐ 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 _____
☐ Member Address _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ 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

Steven C. Bravato, Authorized Person

Typed or printed name of signer

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COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

12/18/2020

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING

I DO HEREBY CERTIFY THAT,

SPOTLYTE HEALTH, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Katly Bookman

Secretary of the Commonwealth

DEC 18 2020 3:03

Certification Number: TSC201218120911-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>

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