

1/25/2021

Division of Corporations

M21000000952

Florida Department of State
Division of Corporations
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To:

Division of Corporations
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Foreign Limited Liability Company
Cornerstone Health Enablement Strategic Solutions, LLC

Certificate of Status	0
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1/26/21

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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. Cornerstone Health Enablement Strategic Solutions, 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")

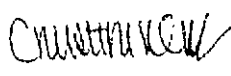
2. North Carolina 46-1314057
(Jurisdiction under the laws of which foreign limited liability company is organized) (EIN number, if applicable)

4. n/a
(Date first transacted business in Florida, if prior to registration;
See sections 605.0903 & 605.0905, F.S. to determine penalty liability)

5. 1701 Westchester Drive, Suite 850 1701 Westchester Drive, Suite 850
(Street Address of Principal Office) (Mailing Address)
High Point, NC 27262 High Point, NC 27262

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

C T Corporation System
By:  Christine Kelm
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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: Yates Lennon, MD	☐ Manager	Name: Michael Berwanger
☐ Member	Address: 1701 Westchester Drive, Suite 850	☐ Member	Address: 1701 Westchester Drive, Suite 850
☒ Authorized	High Point, NC 27262	☐ Authorized	High Point, NC 27262
Person		Person	
☐ Other President	☐ Other	☐ Other Secretary	☐ Other
☐ Manager	Name: Mark Lautzenheiser	☐ Manager	Name:
☐ Member	Address: 1701 Westchester Drive, Suite 850	☐ Member	Address:
☐ Authorized	High Point, NC 27262	☐ Authorized	
Person		Person	
☐ Other Treasurer	☐ Other	☐ Other	☐ Other
☐ Manager	Name:	☐ Manager	Name:
☐ Member	Address:	☐ Member	Address:
☐ Authorized		☐ Authorized	
Person		Person	
☐ Other	☐ Other	☐ 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.

DocuSigned by:

 1446b7c520914931
 Signature of an authorized person
 1/22/2021
 Michael Berwanger
 Typed or printed name of signer



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

CORNERSTONE HEALTH ENABLEMENT STRATEGIC SOLUTIONS, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 14th day of February, 2012

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.

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Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 25th day of January, 2021.

Elaine F. Marshall

Secretary of State