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(Business Entity Name)

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2021 FEB 4 PM 3:17

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2/13/21

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: H & M Anesthesia, LLC
Name of Limited Liability Company

Enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of
Filing, 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:

Sumer Marsee
Name of Person

Bargo Mills & Associates, LLC
Firm Company

219 Vamrel Boone Dr., Ste 3
Address

Barbourville, KY 40906
City/State and Zip Code

smarsee@bargomillscpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sumer Marsee at (606) 277-0525
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

2021 FEB 11 2:10

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

H + M Anesthesia, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

If 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.")

Iowa

Jurisdiction under the law of which foreign limited liability company is organized:

3.

81-0688609

(FBI number, if applicable)

December 1, 2020

(Date first transacted business in Florida, if prior to registration)
(See sections 605.004 & 605.005, F.S. to determine penalty liability)

15128 Heron Hideaway Circle

Address of Principal Office:

6.

219 Daniel Boone Dr., Ste 3

(Mailing Address)

Winter Garden, FL 34787

Barbourville, KY 40906

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

Name:

Michael McGowan

Office Address:

15128 Heron Hideaway Circle

Winter Garden

(City)

, Florida

34787

(Zip code)

Registered agent's acceptance:

I, Michael McGowan, being named as registered agent and to accept service of process for the above stated limited liability company at the place
named 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.

Michael C. McGowan

(Registered agent's signature)

2021 FEB 11 PM 2:15

for initial indexing purposes, list names, title or capacity and addresses of the primary members managers or persons authorized to sign (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: <u>Michael McGowan</u>	<input type="checkbox"/> Manager	Name: _____
Member	Address: _____	<input type="checkbox"/> Member	Address: _____
Authorized	<u>15128 Neron Hideaway Circle</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Winter Garden, FL 34787</u>	Person	_____
Other	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
Member	Address: _____	<input type="checkbox"/> Member	Address: _____
Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
Other	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
Member	Address: _____	<input type="checkbox"/> Member	Address: _____
Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
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-attached individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 a translator must be submitted)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information furnished in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Michael C. McGowan
Signature of an authorized person

Michael C. McGowan
Typed or printed name of signee

**IOWA SECRETARY OF STATE
PAUL D. PATE**



CERTIFICATE OF EXISTENCE

Date: 1/25/2021

Entity: H&M ANESTHESIA, LLC (489DLC - 511364)
Date of Incorporation: 11/16/2015
Duration: PERPETUAL

Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:

The entity is in existence and duly incorporated under the laws of Iowa.

All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.

The most recent biennial report required has been filed with the Secretary of State.

The Secretary of State has not administratively dissolved the limited liability company.

The Secretary of State has not filed either a statement of dissolution or statement of termination.

2021
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Entity ID: CS212345

For more certificates visit:

iowadot.gov/ValidateCertificate

A handwritten signature of Paul D. Pate in black ink.

Paul D. Pate, Iowa Secretary of State