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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

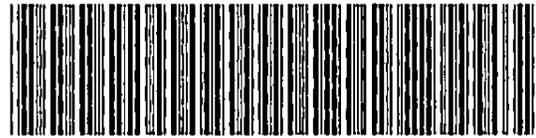
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Voya Health Medical Group, PLLC
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:

Ryan A. Grant
Name of Person

Voya Health
Firm/Company

139 N. 4th Street
Address

Lewisburg, PA 17837
City/State and Zip Code

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

For further information concerning this matter, please call:

Ryan A. Grant at (248) 761-4683
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

February 13, 2021

RYAN A GRANT
139 N 4 ST
LEWISBURG, PA 17837

SUBJECT: VOYA HEALTH MEDICAL GROUP, PLLC
Ref. Number: W21000019478

We have received your document for VOYA HEALTH MEDICAL GROUP, PLLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

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: 021A00003271

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. Voya Health Medical Group, PLLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Voya Health Medical Group, LLC
(If name used is liable, 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. Tennessee 3. 85-2596482
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. We have not yet
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 139 N. 4th Street
(Street Address of Principal Office)
Lewisburg, PA 17837

6. 139 N. 4th Street
(Mailing Address)
Lewisburg, PA 17837

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, 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.

Corporation/Service Company

By: Robert M. Melchiorre Robert M. Melchiorre, Asst. VP
(Registered agent's signature)

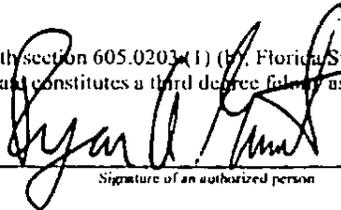
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Ryan A. Grant, MD (CEO)</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Michelle Lee (COO)</u>
<input checked="" type="checkbox"/> Member	Address: <u>139 N. 4th Street</u>	<input type="checkbox"/> Member	Address: <u>1080 Sutter Street, 702</u>
<input checked="" type="checkbox"/> Authorized Person	<u>Lewisburg, PA 17837</u>	<input checked="" type="checkbox"/> Authorized Person	<u>San Francisco, CA 94109</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized 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 a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Ryan A. Grant

Typed or printed name of signee





Tre Hargett
Secretary of State

**Division of Business Services
Department of State**

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

RYAN A. GRANT
139 N. 4TH STREET
LEWISBURG, PA 17837

February 3, 2021

Request Type: Certificate of Existence/Authorization
Request #: 0401313

Issuance Date: 02/03/2021
Copies Requested: 1

Document Receipt

Receipt #: 006043859 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3798324599 \$20.00

Regarding: **Voya Health Medical Group PLLC**
Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 08/13/2020
Status: Active
Duration Term: Perpetual
Business County:

Control #: 1120555
Date Formed: 08/13/2020
Formation Locale: TENNESSEE
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Voya Health Medical Group PLLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 044280125