

3/25/2021

Division of Corporations

Florida Department of State  
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.\*\***

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company  
Yankee Alliance, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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MAR 25 2021

# 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. Yankee Alliance, 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 3. 30-0486661  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. February 1, 2021  
(Date first transacted business in Florida, if prior to registration)  
(See sections 905.0904 & 605.0903, F.S., to determine penalty liability.)

5. 138 River Road 6. 138 River Road  
(Street Address of Principal Office) (Mailing Address)  
Andover, MA 01810-1083 Andover, MA 01810-1083

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.

By C T Corporation System  
(Registered agent's signature)

*Christine Kelm*

Christine Kelm  
Assistant Secretary

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2021 MAR 25 PM 4:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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>Keith A Hovan, Chair</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Stephen Grubbs, Treasurer</u>
<input type="checkbox"/> Member	Address: <u>c/o Southeast Hospitals Group</u>	<input type="checkbox"/> Member	Address: <u>c/o SJ Physician Services, Inc.</u>
<input type="checkbox"/> Authorized	<u>101 Page Street</u>	<input type="checkbox"/> Authorized	<u>100 Ames Pond Drive, Suite 102</u>
Person	<u>New Bedford, MA 02740</u>	Person	<u>Tewksbury, MA 01876</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	Name: <u>Joseph White, Vice Chair</u>	 <input checked="" type="checkbox"/> Manager	Name: <u>David Phelps</u>
<input type="checkbox"/> Member	Address: <u>c/o Lowell General Hospital</u>	<input type="checkbox"/> Member	Address: <u>c/o Berkshire Medical Center</u>
<input type="checkbox"/> Authorized	<u>295 Varnum Avenue</u>	<input type="checkbox"/> Authorized	<u>725 North Street</u>
Person	<u>Lowell, MA 01854</u>	Person	<u>Pittsfield, MA 01201</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Melanie Kawiecki</u>	 <input checked="" type="checkbox"/> Manager	Name: <u>Lawrence Kaufman, Clerk</u>
<input type="checkbox"/> Member	Address: <u>c/o Yankee Alliance, LLC</u>	<input type="checkbox"/> Member	Address: <u>c/o Yankee Alliance, LLC</u>
<input checked="" type="checkbox"/> Authorized	<u>138 River Road</u>	<input type="checkbox"/> Authorized	<u>138 River Road</u>
Person	<u>Andover, MA 01810-1083</u>	Person	<u>Andover, MA 01810-1083</u>
<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.

/s/ Melanie Kawiecki

Signature of an authorized person

Melanie Kawiecki, CFO

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "YANKEE ALLIANCE, 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 TWENTY-FOURTH DAY OF MARCH, A.D. 2021.

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

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2021 MAR 25 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202815621

Date: 03-24-21