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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

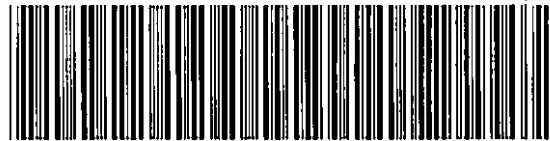
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AND
FILED

APR - 7 2021

W. Brumley

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 746520 4339596

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : April 6, 2021

ORDER TIME : 12:51 PM

ORDER NO. : 746520-005

CUSTOMER NO: 4339596

FOREIGN FILINGS

NAME: NAVVIS & COMPANY, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Navvis & Company, 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:

Adam Schneider

Name of Person

Navvis & Company, LLC

Firm/Company

555 Maryville University Drive, Suite 300

Address

St. Louis, MO 63141

City/State and Zip Code

adam.schneider@navvishealthcare.com

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

For further information concerning this matter, please call:

Adam Schneider

636 238-8948
at ()

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

**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. Navvis & Company, 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. 47-5377029
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI 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. 555 Maryville University Drive, Suite 300
(Street Address of Principal Office)

6. 555 Maryville University Drive, Suite 300
(Mailing Address)

St. Louis, MO 63141

St. Louis, MO 63141

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

Name: Courtney Fortner

Office Address: 2100 Via Bella Blvd.

Land O'Lakes, Florida 34639
(City) (Zip code)

APPROVED
AND
FILED
2021 APR -6 PM 3:27

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.

Courtney Fortner
(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]:

Title or Capacity: **Name and Address:**

☒ Manager Name: TTCP Nav Holdings, Inc.

☐ Member Address: 3600 Minnesota Dr., STE 250

☐ Authorized Minneapolis, MN 55435

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: Randall Combs

☐ Member Address: 555 Maryville University Dr.

☐ Authorized STE 300

Person St. Louis, MO 63141

☐ Other _____ ☐ Other _____

☒ Manager Name: Stuart Baker

☐ Member Address: 555 Maryville University Dr.

☐ Authorized STE 300

Person St. Louis, MO 63141

☐ Other _____ ☐ Other _____

☒ Manager Name: Timothy Elliott

☐ Member Address: 555 Maryville University Dr.

☐ Authorized STE 300

Person St. Louis, MO 63141

☐ Other _____ ☐ Other _____

☒ Manager Name: Robert Bauer

☐ Member Address: 555 Maryville University Dr.

☐ Authorized STE 300

Person St. Louis, MO 63141

☐ Other _____ ☐ Other _____

☒ Manager Name: Michael Farris

☐ Member Address: 555 Maryville University Dr.

☐ Authorized STE 300

Person St. Louis, MO 63141

☐ 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.

Adam Schneider

Signature of an authorized person

Adam Schneider

Typed or printed name of signee

MEMBERS ATTACHEMENT

Manager HAWAII MEDICAL SERVICE ASSOCIATION
818 Keeaumoku Street, Honolulu HI 96814

Manager SSM HEALTHCARE PORTFOLIO MANAGEMENT COMPANY
10101 Woodfield Lane, St. Louis 63132

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NAVVIS & COMPANY, 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 FIFTH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NAVVIS & COMPANY, LLC" WAS FORMED ON THE TWENTIETH DAY OF OCTOBER, A.D. 2015.

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



5855847 8300

SR# 20211180185

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202895992

Date: 04-05-21