

NR210000004505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

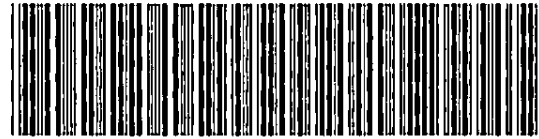
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

wa21000043971

Office Use Only



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03/17/21--01014--019 **160.00

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2021 APR 16 PM 2:04

SECRETARY OF STATE
FALL / WINTER, PA

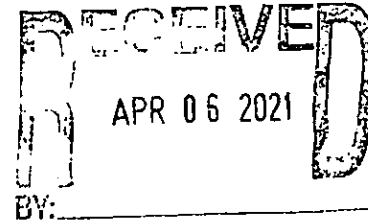
4/16/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 1, 2021

GREG RODDY
900 PARKER SQUARE
SUITE 250
FLOWER MOUND, TX 75028



SUBJECT: NORTHWEST FLORIDA WOUND CARE HYPERBARIC CENTER
LLC
Ref. Number: W21000043971

We have received your document for NORTHWEST FLORIDA WOUND CARE HYPERBARIC CENTER LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Yvette Scott
Document Specialist II

Letter Number: 021A00006869

Please see the attached

RECEIVED
APR 13 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Northwest Florida Wound Care and Hyperbaric Center 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:

Greg Roddy

Name of Person

Henry Investment Group LLC

Firm/Company

900 Parker Square, Suite 250

Address

Flower Mound, TX 75028

City/State and Zip Code

groddy@henryinvestmentgroup.com

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

FILED
2021 APR 16 PM 2:04
CLERK OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Greg Roddy

972

885.6998

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. Northwest Florida Wound Care and Hyperbaric Center 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. Texas

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

3. 86-1340088

(FEI number, if applicable)

4. March 25, 2021

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 11535 Hutchison Blvd.

(Street Address of Principal Office)

Panama City Beach, FL 32407

6. 900 Parker Square, Suite 250

(Mailing Address)

Flower Mound, TX 75028

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

Name:

CT Corporate System

Office Address:

1200 S. Pine Island Rd.

Plantation

(City)

, Florida

33324

(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.

CREATIVITY/CV/  Signature Line
Agent's Name

(Registered agent's signature)

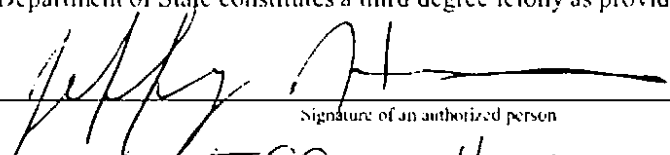
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>US Diabetic Partners LLC</u>	<input checked="" type="checkbox"/> Manager	Name: <u>David Henry</u>
<input checked="" type="checkbox"/> Member	Address: <u>900 Parker Square, Suite 250</u>	<input type="checkbox"/> Member	Address: <u>900 Parker Square, Suite 250</u>
<input type="checkbox"/> Authorized	<u>Flower Mound, TX 75028</u>	<input type="checkbox"/> Authorized	<u>Flower Mound, TX 75028</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Jeff Hunter</u>	<input checked="" type="checkbox"/> Manager	Name: <u>David Johnston</u>
<input type="checkbox"/> Member	Address: <u>900 Parker Square, Suite 250</u>	<input type="checkbox"/> Member	Address: <u>900 Parker Square, Suite 250</u>
<input type="checkbox"/> Authorized	<u>Flower Mound, TX 75028</u>	<input type="checkbox"/> Authorized	<u>Flower Mound, TX 75028</u>
Person	_____	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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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
Jeffrey Hunter

Typed or printed name of signer



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Northwest Florida Wound Care and Hyperbaric Center LLC (file number 803884303), a Domestic Limited Liability Company (LLC), was filed in this office on January 05, 2021.

It is further certified that the entity status in Texas is in existence.

FILED
2021 APR 16 PM 4:00
CLERK OF THE COURT
JULIA A. GIBSON

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 09, 2021.



A handwritten signature in black ink, appearing to read "Ruth R. Hughes".

Ruth R. Hughes
Secretary of State