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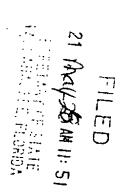
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COVER LETTER

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TO:

Registration Section

Name of Limited Liability Company			
he enclosed " existence, and	Application by Foreign Limited Liability Colleck are submitted to register the above to	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florical Company to transact business in Florida,"	
lease return a	Il correspondence concerning this matter to	o the following:	
	Angela Morgan		
	-	Name of Person	
		Firm/Company	
	PO Box 800		
		Address	
	Oak Ridge TN 37831-0800		
	C	ity/State and Zip Code	
	licensing@appund.com		
	E-mail address: (to be	used for future annual report notification)	
or further infe	ormation concerning this matter, please ca	N:	
Ange	la Morgan	865 425-7398 at ()	
	Name of Contact Person	Area Code Daytime Telephone Number	
Regi Divi P.O.	ng Address: stration Section sion of Corporations Box 6327 hassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
Divi P.O. Talla Enclo Please	sion of Corporations Box 6327	Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 PARTMENT OF STATE e & \$155.00 Filing Fee & \$160.00 Filing Fee, Certifi	

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: Mutual Work Comp Solutions, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.") Ilf name unavailable, enter alternate name adopted for the purpose of transacting business in Florids. The alternate name must include "Limited Liability Company," "L.I. C." or "LIC") 86-3096029 Georgia (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Fluida, if print to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 3400 Peachtree Rd NE, Ste 831 PO Box 800 (Mailing Address) (Street Address of Principal Office) Oak Ridge TN 37831-0800 Atlanta GA 30326 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Comapny Name: 1201 Hays Street Office Address: Tallahussee 32301 , Florida (Cny) 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: Maureen DiCarlo Assistant Secretary

(Registered secret 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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: William M Arowood Chad H Arowood □Manager □ Manager 800 Oak Ridge Tpke Ste A1000 800 Oak Ridge Tpke Ste A1000 Address: Address: **■**Member **≅**Member Oak Ridge TN 37830 Oak Ridge TN 37830 □ Authorized □ Authorized Person Person □Other____ □Other____ □Other_ □Other_____ Name: Robert J Arowood Name: ______ ■ Manager 800 Oak Ridge Tpke Ste A1000 ☐ Member Address: ______ **■**Member Oak Ridge TN 37830 □ Authorized □ Authorized Person Person □Other____ □Other____ □Other____ Other_____ Name: _______ □Manager □ Manager Name: _____ □Member Address: _____ □Member □ Authorized □ Authorized Person Person □Other ______ □Other_____ □Other____ □Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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

Typed or printed name of signee

Chad H Arowood

Control Number: 21084230

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

1, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Mutual Work Comp Solutions, LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 20774612 Date Inc/Auth/Filed: 03/31/2021 Jurisdiction : Georgia Print Date : 04/07/2021

Form Number : 211



Brad Raffensperger

Brad Raffensperger Secretary of State