

**M2100008560**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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TALLAHASSEE, FLORIDA

Division of Corporations  
Fax Number : (850) 617-6383  
Account Name : INCORP SERVICES INC  
Account Number : I2C120000007  
Phone : (702) 866-2500  
Fax Number : (702) 900-2290

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: managedreports@incorp.com

**Foreign Limited Liability Company**  
**Skylight Health Group Management of Florida, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Skylight Health Group Management of Florida, 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:

Kelsie Stacy  
Name of Person  
InCorp Services, Inc.  
Firm/Company  
3773 Howard Hughes Pkwy. Suite 500S  
Address  
Las Vegas, NV 89169-6014  
City/State and Zip Code  
managedreports@incorp.com  
E-mail address: (to be used for future annual report notification)

2021 JUL - 3 11 3:35

For further information concerning this matter, please call:

Kelsie Stacy on behalf of InCorp Services, Inc. at 702-866-2500  
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

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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. Skylight Health Group Management of Florida, 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

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

3.

(FBI number, if applicable)

4. 06/22/2021

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

5. 4160 University Blvd S

(Street Address of Principal Office)

6. 82 Hartwell Street, 2nd Floor

(Mailing Address)

Jacksonville, FL 32216

Fall River, MA 02721

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

Name:

InCorp Services, Inc.

Office Address:

17888 67th Court North

Loxahatchee

(City)

, Florida

33470

(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.

Isabel Burgos on behalf of InCorp Services, Inc.

(Registered agent's signature)

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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>Skylight Health Group, Inc.</u> | <input type="checkbox"/> Manager     | Name: _____                          |
| <input checked="" type="checkbox"/> Member | Address: _____                           | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized        | <u>4160 University Blvd S</u>            | <input type="checkbox"/> Authorized  | _____                                |
| Person                                     | <u>Jacksonville, FL 32216</u>            | 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 _____ |
| <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.



Stephanie Gluchacki

9AD63C4A239D4C3

Signature of an authorized person

Stephanie Gluchacki, SVP, Compliance on behalf of Skylight Health Group, Inc.

Typed or printed name of signer

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# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SKYLIGHT HEALTH GROUP MANAGEMENT OF FLORIDA, 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 SECOND DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SKYLIGHT HEALTH GROUP MANAGEMENT OF FLORIDA, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF JUNE, A.D. 2021.

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



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SR# 20212620788

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: 203595114

Date: 07-02-21

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