

Ma/00008606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

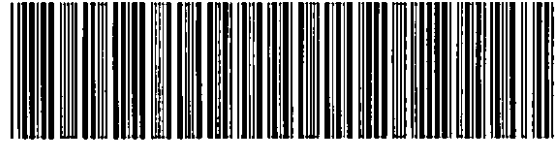
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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21 JUL -2 PM 3:30

CLERK OF STATE
TALLAHASSEE, FLORIDA

Ma-10008606

1/1/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ONE DOC, PLLC

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:

MISTI BOWERS

Name of Person

ONE DOC, PLLC

Firm/Company

1067 RIVERFRONT PARKWAY, SUITE 201

Address

CHATTANOOGA, TN 37402

City/State and Zip Code

MBOWERS@MDPMNGT.COM

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

For further information concerning this matter, please call:

MISTI BOWERS

423

602-9530

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 16, 2021

MISTI BOWERS
1067 RIVERFRONT PKWY STE 201
CHATTANOOGA, TN 37402

SUBJECT: ONE DOC, PLLC
Ref. Number: W21000087826

We have received your document for ONE DOC, PLLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 221A00013487

authorized email address updated
agent

RECEIVED
JUL 02 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. ONE DOC, PLLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

One Doc, PLLC - Limited Liability Company
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. TENNESSEE

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

3. 82-1078729

(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)

1067 RIVERFRONT PARKWAY

5. (Street Address of Principal Office)

SUITE 201

CHATTANOOGA, TN 37402

1067 RIVERFRONT PARKWAY

6. (Mailing Address)

SUITE 201

CHATTANOOGA, TN 37402

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

Name: KIMBERLY HAMILTON

Office Address: 3048 S. ATLANTIC AVE, SUITE 101

DAYTONA BEACH SHORES

(City)

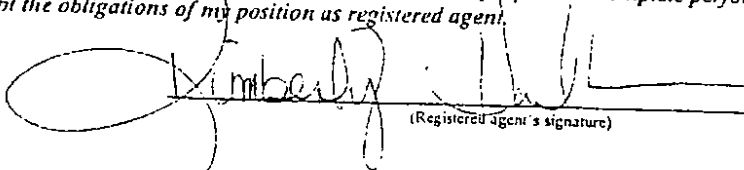
, Florida

32118

(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.


(Registered agent's signature)

FILED
21 JUL -2 PM 3:30
CLERK 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]:

Title or Capacity: Name and Address:

☐ Manager Name: KEITH HELTON

☒ Member Address: 1067 RIVERFRONT PKWY

☐ Authorized SUITE 201

CHATTANOOGA, TN 37402

Person

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: MISTI BOWERS

☐ Member Address: 1067 RIVERFRONT PKWY

☒ Authorized SUITE 201

CHATTANOOGA, TN 37402

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

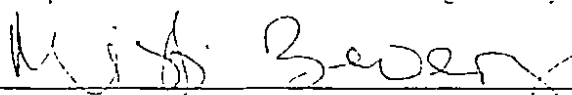
Person

☐ 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.



 Signature of an authorized person

MISTI BOWERS

 Typed or printed name of signee



Tre Hargett
Secretary of State

**Division of Business Services
Department of State**

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

BLAKE STANSELL
SUITE 201
1067 RIVERFRONT PARKWAY
CHATTANOOGA, TN 37402

May 24, 2021

Request Type: Certificate of Existence/Authorization
Request #: 0419083

Issuance Date: 05/24/2021
Copies Requested: 1

Document Receipt

Receipt #: 006380752

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3807423866

\$20.00

Regarding: One Doc, PLLC

Filing Type: Limited Liability Company - Domestic

Control #: 897418

Formation/Qualification Date: 04/04/2017

Date Formed: 04/04/2017

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: HAMILTON COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

One Doc, PLLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 046494544