## M21000008876

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## COVER LETTER

TO:

	Rural Physicians Management Company, L	.LC		
JECT: _	Name of Limited Liability Company			
	"Application by Foreign Limited Liability C	Company for Authorization to Transact Business in Florida," Certificate ferenced foreign limited liability company to transact business in Florida.		
se return a	all correspondence concerning this matter to	o the following:		
	Accounting Department			
		Name of Person		
	Rural Physicians Management Compar	ny, LLC		
		Firm/Company		
	5575 DTC Parkway, Ste. 225			
		Address		
	Greenwood Village, CO 80111			
	Ci	ity/State and Zip Code		
	ap@ruralphysiciansgroup.com			
	E-mail address: (to be	used for future annual report notification)		
turther inf	formation concerning this matter, please cal	II:		
Evan Weber		815 910-9686		
	Name of Contact Person	at ()		
Mailing Address: Registration Section		Street Address: Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		
		Tallahassee, FL 32303		
	osed is a check for the following amount:	A DOTATINE OF OT A TE		
	se make check payable to: FLORIDA DEP 125.00 Filing Fee			
	Certificate o			

## 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. Rural Physicians Management Company, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If many 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.") Delaware 47-3015986 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) June 1, 2021 (Date first transacted business in Florida, if prior to registration.) (See sections 605.9904 & 605.9905, F.S. to determine penalty liability) 5575 DTC Parkway, Ste 225 5575 DTC Parkway, Ste 225 (Mailing Address) (Street Address of Principal Office) Greenwood Village, CO 80111 Greenwood Village, CO 80111 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee Florida (City)

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.

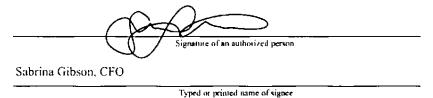
Registered agent's acceptance:

 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:	Title or Capacity:	Name and Address:
■Manager	Name: Ben Dunford	■Manager	Name: Sabrina Gibson
□Member	Address: 5575 DTC Parkway, Ste 225	□Member	Address: 5575 DTC Parkway, Ste 225
□Authorized	Greenwood Village, CO 80111	□Authorized	Greenwood Village, CO 80111
Person		Person	
Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□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. 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.



Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "RURAL PHYSICIANS MANAGEMENT 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 TWENTY-SEVENTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RURAL PHYSICIANS MANAGEMENT COMPANY, LLC" WAS FORMED ON THE SECOND DAY OF FEBRUARY, A.D. 2015.

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

Authentication: 203308322

Date: 05-27-21