

121000009616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

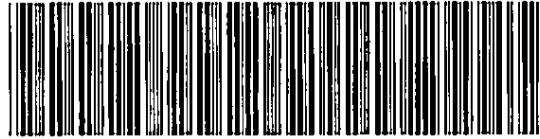
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/22/21--01015--022 **125.00

FILED

21 JUL 22 AM 10:12

CLERK OF STATE
TALLAHASSEE, FLORIDA

12/28/21
TK



July 19, 2021

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: MasVida Health Care Solutions, LLC- Foreign Entity Filing

Attached please find MasVida Health Care Solutions, LLC's foreign entity application and check \$10080 in the amount of \$125.00 for payment. Should you need anything further, have any questions or need additional documentation, please contact me mwitmer@jmeds.com or 817-518-9396.

Sincerely,

Michele Witmer

Michele Witmer
Legal Assistant

Encl.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MasVida Health Care Solutions, 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:

Michele Witmer

Name of Person

MasVida Health Care Solutions, LLC

Firm/Company

133 Nursery Lane

Address

Fort Worth, Texas 76114

City/State and Zip Code

mwitmer@jmeds.com

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

For further information concerning this matter, please call:

Michele Witmer

817

518-9396

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. MasVida Health Care Solutions, 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 3. 83-0775730
(Jurisdiction under the law of which foreign limited liability company is organized) (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.)

5. 133 Nursery Lane, Texas 76114
(Street Address of Principal Office) Ft Worth

6. 133 Nursery Lane, Texas 76114
(Mailing Address) Ft Worth

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


Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee , Florida 32301
(City) (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 22 AM 10:22
TALLAHASSEE, FLORIDA
STATE SECRETARY OF REVENUE

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: George Robertson

☐ Member Address: 133 Nursery Lane

☐ Authorized Fort Worth, Texas 76114

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: Joshua Robertson

☐ Member Address: 133 Nursery Lane

☐ Authorized Fort Worth, Texas 76114

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Jerry Williams

☐ Member Address: 133 Nursery Lane

☐ Authorized Fort Worth, Texas 76114

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

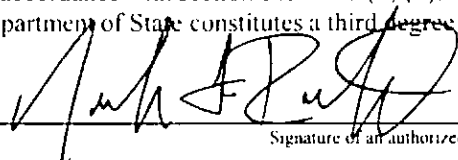
Person _____

☐ 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

Joshua Robertson

Typed or printed name of signee



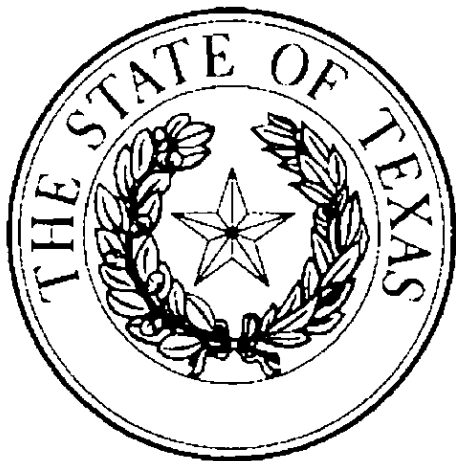
Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that on July 09, 2021, Kalos Health Services, LLC, a Domestic Limited Liability Company (LLC) (file number 803019703), changed its name to MasVida Health Care Solutions, LLC.

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

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 July 13, 2021.



A handwritten signature in black ink, consisting of stylized initials "JE" followed by a long horizontal line.

Jose A. Esparza
Deputy Secretary of State