

MA 1000014481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

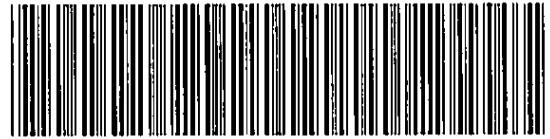
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MASS REGISTRY

S. FRANKLIN

NOV 01 2021

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 177030 8248069

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 125,000

ORDER DATE : October 28, 2021

ORDER TIME : 8:56 AM

ORDER NO. : 177030-005

CUSTOMER NO: 8248069

2021 OCT 29 PM 4:04

FOREIGN FILINGS

NAME: CARD CARE HEALTH LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CardCare Health 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:

Pamela Landers

\_\_\_\_\_  
Name of Person

CardCare Health LLC

\_\_\_\_\_  
Firm/Company

5000 Legacy Dr., Suite 300

\_\_\_\_\_  
Address

Plano, TX 75024-3115

\_\_\_\_\_  
City/State and Zip Code

paml@cardcarehealth.com

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

For further information concerning this matter, please call:

Pamela Landers

469

229-4022

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_

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

2021 OCT 29 PM 4:04

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CardCare Health 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. 83-1765930  
(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. 5000 Legacy Dr. 6. 5000 Legacy Dr.  
(Street Address of Principal Office) (Mailing Address)  
Suite 300 Suite 300  
Plano, TX 75024-3115 Plano, TX 75024-3115

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

Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee 32301  
(City) Florida (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.

Corporation Service Company  
By: Alexxis Weibull, assistant vice president  
(Registered agent's signature)

2021 OCT 29 PM 4:04

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: Daniel Bloom             | <input type="checkbox"/> Manager           | Name: Dennis Bloom             |
| <input checked="" type="checkbox"/> Member | Address: 5000 Legacy Dr.       | <input checked="" type="checkbox"/> Member | Address: 5000 Legacy Dr.       |
| <input type="checkbox"/> Authorized        | Suite 300                      | <input type="checkbox"/> Authorized        | Suite 300                      |
| Person                                     | Plano, TX 75024-3115           | Person                                     | Plano, TX 75024-3115           |
| <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 |
| <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.

  
\_\_\_\_\_  
Signature of an authorized person

Daniel Bloom, Member

\_\_\_\_\_  
Typed or printed name of signer

al  
/8711-3697



Jose A. Esparza  
Deputy Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for CardCare Health, LLC (file number 803080816), a Domestic Limited Liability Company (LLC), was filed in this office on August 01, 2018.

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 October 28, 2021.



A handwritten signature of Jose A. Esparza, consisting of stylized initials and a surname.

Jose A. Esparza  
Deputy Secretary of State

2021 OCT 29 PM 4:04