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(C	ity/State/Zip/Phone #)	
PICK-UP		MAIL
(B	usiness Entity Name)	
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Certified Copies	Certificates of	Status
Special Instructions to F	iling Officer:	
	Office Use Only	



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S. ROBERTS

FEB 0 3 2022

COVER LETTER

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TO:	Registration Section
	Division of Corporations

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AHPC SOCIAL 1600 LLC

SUBJECT:

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:

	Name of Person
First Corporate Solutions, Inc.	
·	Firm/Company
914 S Street	
	Address
Sacramento CA 95811	
	City/State and Zip Code
raservices@ficoso.com	
E-mail address: (to	be used for future annual report notification)
er information concerning this matter, please c	all: 888 507-4593
er information concerning this matter, please c	all:
er information concerning this matter, please c Client Services Name of Contact Person Mailing Address:	all: at () Area Code Daytime Telephone Number <u>Street Address:</u>
er information concerning this matter, please c Client Services Name of Contact Person Mailing Address: Registration Section	all: at () Area Code Daytime Telephone Number
er information concerning this matter, please c Client Services Name of Contact Person Mailing Address: Registration Section Division of Corporations	all: at () Area CodeDaytime Telephone Number <u>Street Address:</u> Registration Section
er information concerning this matter, please c Client Services Name of Contact Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327	all:
er information concerning this matter, please c Client Services Name of Contact Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327	all: at () Area CodeDaytime Telephone Number <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee
er information concerning this matter, please c Client Services Name of Contact Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount:	all: <u>at ()</u> <u>Area Code</u> <u>Daytime Telephone Number</u> <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
er information concerning this matter, please c	all: <u>at ()</u> <u>Area Code</u> <u>Daytime Telephone Number</u> <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 PARTMENT OF STATE

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

IN COMPLIANCE WITH SECTION (45.0202, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

, AHPC SOCIAL 1600 LUC

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If name unavailable, entra alternate :	name adopted for the purpose of transacting business in Fl	orida The alternate name m	ust include "Limited Lisbili	ty Company," "	LalaC," or	
Delaware 	hich foreign limited liability company is organized)	3	(FEI number, il	applicable)	.	_
04/04/2022						
	Date first transacted business in Florida, if prior to a (See sections 605.0904 & 605.0905, F.S. to determine	egnuation y ne penalty liability)				
1600 Old Bainbridge Road 5. Street Address of Philippal Offices		6(Mailing Address)				-
Tallahassee, Florida 32	2303	Taliahassee	, Florida 32303	.		_
. Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box	<u>NOT</u> acceptable)		TALL.	2027 FEB	
Name:	First Corporate Solutions, Inc.				-3 PH	·····
Office Address:	155 Office Plaza Drive				2: 4	4.
	Tallahassee	, Flo	32301 rida	· · ·	0	

Registered agent's acceptance:

Having been named as registered ugent 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 positioned to the generation of the agent.

(Registered agent's

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Title or Capacity:	Name and Address:	Title or Capacit	<u>v:</u> <u>Name and Address:</u>
ПManager	Christopher A. Walker Name:	Manager	Name:
Member	10151 Deerwood Park BLVD, Address:	Member	Address:
Authorized	Building 300. Suite 300,	□Authorized	
Person	Jacksonville, Florida 32256	Person	
Other	①Other	Other	Other
Manager	Name:	□Manager	Name:
□Member	Address:	Member	Address:
Authorized		Authorized	
Person		Person	
□Other	Dother	Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
Authorized		[]Authorized	
Person		Person	
Other	□ Other	ClOther	□Other

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].

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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.

	DocuSigned by:	
	Christopher Welker	
Si	gnarere 569.72206942540persus	
Christopher A. Walker		
		_

Typed or printed name of signce



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AHPC SOCIAL 1600 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 FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AHPC SOCIAL 1600 LLC" WAS FORMED ON THE NINETEENTH DAY OF JANUARY, A.D. 2022.

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



ch, Becretary of State Hu

Authentication: 202558397 Date: 02-02-22

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SR# 20220345821 You may verify this certificate online at corp.delaware.gov/authver.shtml