

M22000003126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

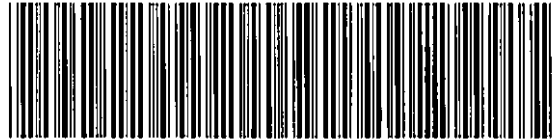
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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ALLAHASSIE, FLORENCE

S. FRANKLIN  
MAR 01 2022

**CT CORP**  
**3458 Lakeshore Drive, Tallahassee, FL 32312**  
**850-656-4724**

**Date:** 02/28/2022

Acc#120160000072

*en: c DW*

Name:	Alliance Healthcare Solutions, LLC
Document #:	
Order #:	14139802

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
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Amount: \$ **155.00**

Thank you!

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Alliance Healthcare 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:

John Werren

Name of Person

TalentLaunch

Firm/Company

6161 Oak Tree Blvd., Suite 300

Address

Independence, OH 44131

City/State and Zip Code

jwerren@mytalentlaunch.com

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

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For further information concerning this matter, please call:

Linda Stauffer

866

539-8692

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

AHS Alliance Healthcare Solutions, LLC

(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. Ohio 45-3995686  
(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. 6161 Oak Tree Blvd., Suite 300 6161 Oak Tree Blvd., Suite 300  
(Street Address of Principal Office) (Mailing Address)  
Independence, OH 44131 Independence, OH 44131

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

Name: C T Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(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.

By: Linda Stauffer, Assistant Secretary  
(Registered agent's signature)

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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: Aaron Grossman

☐ Member      Address: 6161 Oak Tree Blvd., Ste 300

☐ Authorized      Independence, OH 44131

Person \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

Title or Capacity:                      Name and Address:

☒ Manager      Name: Kevin Kramer

☐ Member      Address: 6161 Oak Tree Blvd., Ste 300

☐ Authorized      Independence, OH 44131

Person \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☒ Manager      Name: Matt Lyon

☐ Member      Address: 6161 Oak Tree Blvd., Ste 300

☐ Authorized      Independence, OH 44131

Person \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☒ Manager      Name: Robin Grzeskowiak

☐ Member      Address: 6161 Oak Tree Blvd., Ste 300

☐ Authorized      Independence, OH 44131

Person \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☒ Manager      Name: John Wittine

☐ Member      Address: 6161 Oak Tree Blvd., Ste 300

☐ Authorized      Independence, OH 44131

Person \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

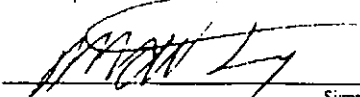
Person \_\_\_\_\_

☐ 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

Matt Lyon, Manager

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

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ALLIANCE HEALTHCARE SOLUTIONS, LLC, an Ohio For Profit Limited Liability Company, Registration Number 2064913, was organized within the State of Ohio on November 29, 2011, is currently in FULL FORCE AND EFFECT upon the records of this office.*



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 7th day of February, A.D. 2022.*

*Frank LaRose*

Ohio Secretary of State

Validation Number: 202203806724

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