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(Re	equestor's Name)
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S. FRANKLIN MAY 0 7 2022

COVER LETTER

TO:	Registration Section Division of Corporations			
SHRJF	Wakely Consulting Group, LLC			
.,,,,,,,,,,	Name of Limited Liability Company			
		ompany for Authorization to Transact Business in Florida eferenced foreign limited liability company to transact bus		
Please re	eturn all correspondence concerning this matter to	the following:		
	Lisa Higgins			
		Name of Person	_	
	Health Management Associates, Inc.		20	
		Firm/Company	2022 HEY -5	
	120 N Washington Sq. STE 705			
	Address		- U	
	Lansing, MI 48933		PH 2:56	
	Cit	y/State and Zip Code		
	govnotification@healthmanagement.com			
	E-mail address: (to be	used for future annual report notification)	_	
For furth	per information concerning this matter, please call	:		
Lisa Higgins		at (
	Name of Contact Person	Area Code Daytime Telephone Number	-	
	Mailing Address:	Street Address:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
	P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee		
	Tallandssee, F1, 52514	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPA S125.00 Filing Fee Certificate of	& 🔲 \$155.00 Filing Fee & 🗐 \$160.00 Filing Fee		

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

IN COMPLIANCE WITH SECTION 05 0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. (Name of Foreign	oup, LLC Limited Liability Company, must include "Limit	ed Lability C	Sompany," "I. I. C., "or "I.I.C.")	
(II) name unavailable, enter alternate (name adopted for the purpose of transacting business in l	lorida. The alt	ernate name must include "I conted I tability	Company," "L. L. C," or "LLC")
Delaware 2. Oursdiction under the law of w	high foreign limited hability company is organized)	3	59-3554482 (Fit minuber, d a	pplicable)
4	(Date first transacted business in Portda, if poor to (See sections 605 0901 & 605 0905, US to determ	i todion V		_
	(See Sections 605 0901 & 605 0915, U.S. to determ	nine penalty ha	թղու չ (
7650 W Courtney Can 5. (Street Address of Principal Office)	npbell Causeway		Same as Street Address (Mailing Address)	767
Suite 1250				2022 HAY -
Tampa, FL 33607				-5 P.H
	<u>s</u> of Florida registered agent: (P.O. Bo	x <u>NOT</u> ac	ceptable)	2:56
Name:	Corporation Service Company			
Office Address:	1201 Hays Street			
	Taffahassee		32301 Florida	_
	(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.

Danielle Clanberger Danielle Ellenberger Asst Secretary
(Registred agent's signature)

8.	For initial indexing purposes, list names, title or capacity and addresses of the primar	y members/managers or persons authorized to
mai	nage [up to six (6) total]:	

Title or Capacity:	Name and Address:	Title or Capacity:	Name and A	vddress:		
□Manager	Name: Jay Rosen	□Manager	Name: Bruce Gould			
□Member	Address:	⊟Member	Address: 120 N Washington SQ			
□Authorized	Suite 705	□Authorized	Suite 705		_	
Person	Lansing, MI 48933	Person	Lansing, MI 48933			
	□Other	■ Other Secretary			_	
□Manager	Name:	∏Manager	Name: Kelly Johnson		_	
□Ntember	Address: 7650 W Courtney Campbell	□Member	Address: 120 N Washington 86 Suite 705			
□Authorized	Causeway, Suite 1250	□Authorized	Suite 705	2 HA	1	
Person	Tampa, FL, 33607	Person	Lansing, MI 48933	-5	· • • • • • • • • • • • • • • • • • • •	
	Other	≘ Other	□Other	PE	: ` _	
			:	2: 56		
□Manager	Name: Ross Winkelman	□Manager	Name:	<u> </u>	-	
□Member	Address: 7650 W Courtney Campbell	□Member	Address:	 -		
□Authorized	Causeway, Suite 1250	□Authorized			_	
Person	Tampa, F1, 33607	Person			_	
■Other_Vice Presi	dent 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.847,155, F.S.

Brue Gould		_
ACT9623407F3409	Signature of an authorized person	
Bruce Gould		
	Exped or printed name of signer	

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "WAKELY CONSULTING GROUP, 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 FIRST DAY OF MARCH, A.D. 2022.

2022 HAY -5 PM 2: 56

Authentication: 202794430

Date: 03-01-22

6253004 8300 SR# 20220793639

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



April 10, 2022

LISA HIGGINS 120 N WASHINGTON SQ., STE 705 LANSING, MI 48933 US

SUBJECT: WAKELY CONSULTING GROUP, LLC

Ref. Number: W22000047852

We have received your document for WAKELY CONSULTING GROUP, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 222A00008316

RECENTED MAY OF LOLL