

M22000007848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

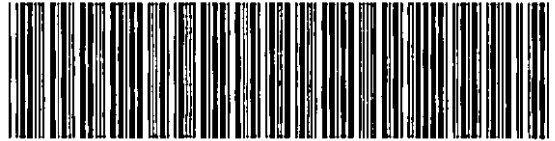
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W22000059713

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04/20/22--01014--020 \*\*125.00

2022 MAY 18 PM 7:30

S. FRANKLIN

MAY 19 2022

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CREATIVE HEALTH SOLUTIONS, L.L.C.  
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:

|  |
|--|
| Michael E. Workman   |
| Name of Person   |
| Clark, Campbell, Lancaster, Workman & Airth, P.A.                  |
| Firm/Company   |
| 500 S. Florida Avenue, Suite 800                                   |
| Address  |
| Lakeland, FL 33801   |
| City/State and Zip Code  |
| mworkman@clarkcampbell-law.com                                     |
| E-mail address: (to be used for future annual report notification) |

For further information concerning this matter, please call:

Michael E. Workman at (863) 647-5337

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

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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. CREATIVE HEALTH SOLUTIONS, L.L.C.

(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. Indiana

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 35-2129490

(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)

1800 N. WABASH AVENUE

5. (Street Address of Principal Office)

STE. 203

MARION, IN 46952

1800 N. WABASH AVENUE

6. (Mailing Address)

STE. 203

MARION, IN 46952

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

Name: Michael E. Workman

Office Address: 500 S. Florida Avenue, Suite 800

Lakeland

(City)

, Florida

33801

(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)

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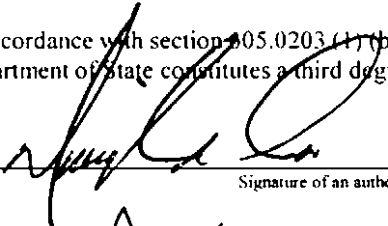
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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: Cullen Gibson              | <input type="checkbox"/> Manager                         | Name: Dwight L. Ott            |
| <input type="checkbox"/> Member                     | Address: 2158 W Lantern Ln       | <input type="checkbox"/> Member                          | Address: 2214 Meadowbrook Lane |
| <input type="checkbox"/> Authorized                 | Marion, IN, 46952                | <input type="checkbox"/> Authorized                      | Marion, IN, 46952              |
| Person  |                                  | Person   |                                |
| <input checked="" type="checkbox"/> Other President | <input type="checkbox"/> Other   | <input checked="" type="checkbox"/> Other CFO            | <input type="checkbox"/> Other |
| <input type="checkbox"/> Manager                    | Name: Gary Ott                   | <input type="checkbox"/> Manager                         | Name: Ryan Ott                 |
| <input type="checkbox"/> Member                     | Address: 4156 N. Huntington Road | <input type="checkbox"/> Member                          | Address: Long Branch Court     |
| <input type="checkbox"/> Authorized                 | Marion, IN, 46952                | <input type="checkbox"/> Authorized                      | Gas City, IN, 46933            |
| Person  |                                  | Person   |                                |
| <input checked="" type="checkbox"/> Other CEO       | <input type="checkbox"/> Other   | <input checked="" type="checkbox"/> Other Vice President | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Manager         | Name: Julie Trimble              | <input type="checkbox"/> Manager                         | Name:                          |
| <input type="checkbox"/> Member                     | Address: 1800 N. Wabash Rd.      | <input type="checkbox"/> Member                          | Address:                       |
| <input type="checkbox"/> Authorized                 | Suite 203                        | <input type="checkbox"/> Authorized                      |                                |
| Person  | Marion, IN, 46952                | 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  
  
Dwight A. Ott  
\_\_\_\_\_  
Typed or printed name of signer

2022 MAY 18 PM 7:30

**State of Indiana**  
**Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**CREATIVE HEALTH SOLUTIONS, L.L.C.**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on January 25, 2001, and was in existence or authorized to transact business in the State of Indiana on May 16, 2022.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, May 16, 2022

HOLLI SULLIVAN  
SECRETARY OF STATE

2001012500248 / 20222587873

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on June 15, 2022.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 9, 2022

MICHAEL E WORKMAN  
500 S FLORIDA AVENUE STE 800  
LAKELAND, FL 33801 US

SUBJECT: CREATIVE HEALTH SOLUTIONS, L.L.C.  
Ref. Number: W22000059713

We have received your document for CREATIVE HEALTH SOLUTIONS, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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: 922A00010649

RECEIVED  
MAY 18 2022