

M22000013637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

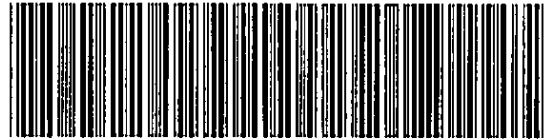
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
MASSACHUSETTS

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SEP - 1 2022
M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: United Energy Workers Healthcare, 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 Barlow

Name of Person

Mitchell, Barlow & Mansfield, PC

Firm/Company

9 Exchange Pl. Suite 600

Address

Salt Lake City/UT 84111

City/State and Zip Code

jbarlow@mbmlawyers.com

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

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2002 AUG 29 PM 1:27
CLERK OF STATE
TALLAHASSEE, FL 32303

For further information concerning this matter, please call:

Nathan Dorius

801

998-8888

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

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. United Energy Workers Healthcare, 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. Ohio

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

3. 46-3799299

(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. 614 E Main St

(Street Address of Principal Office)

Suite C

Riverton, WY 82501

6. 614 E Main St

(Mailing Address)

Suite C

Riverton, WY 82501

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

Name: Incorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee

(City)

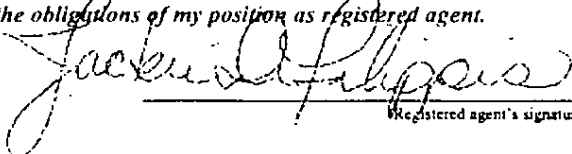
33470

, 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.



Jackie DeFilippis on behalf of Incorp Services, Inc.

(Registered agent's signature)

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CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

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: John Falls

☒ Member Address: 614 E Main St

☐ Authorized Suite C

Person Riverton, WY 82501

☐ Other ☐ Other

☐ Manager Name: BJ Thomson

☒ Member Address: 614 E Main St.

☐ Authorized Suite C

Person Riverton, WY 82501

☐ Other ☐ Other

☐ Manager Name: Travis Shumway

☒ Member Address: 614 E Main St

☐ Authorized Suite C

Person Riverton, WY 82501

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: Chad Shumway

☒ Member Address: 614 E Main St.

☐ Authorized Suite C

Person Riverton, WY 82501

☐ Other ☐ Other

☐ Manager Name: Stephanie Peterson

☒ Member Address: 614 E Main St

☐ Authorized Suite C

Person Riverton, WY 82501

☐ Other ☐ Other

☐ Manager Name: Lowell Crabb

☒ Member Address: 614 E Main St.

☐ Authorized Suite C

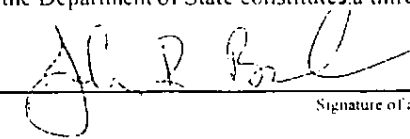
Person Riverton, WY 82501

☐ 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

John Barlow

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 UNITED ENERGY WORKERS HEALTHCARE, LLC, an Ohio Limited Liability Company, Registration Number 2234513, was organized in the State of Ohio on September 30, 2013, 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 July, A.D. 2022.*

Frank LaRose

Ohio Secretary of State

Validation Number: 202218803792



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 28, 2022

JOHN BARLOW
MITCHELL, BARLOW & MANSFIELD, PC
9 EXCHANGE PL, SUITE 600
SALT LAKE CITY, UT 84111

SUBJECT: UNITED ENERGY WORKERS HEALTHCARE, LLC
Ref. Number: W22000098250

We have received your document for UNITED ENERGY WORKERS HEALTHCARE, LLC and check(s) totaling \$135.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Cannot file the Foreign LLC without filing the Withdrawal. Please submit an additional \$20.00 to file the Withdrawal.

The registered agent must sign accepting the designation.

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

Mel Solomon
Senior Section Administrator

Letter Number: 222A00016830

RECEIVED
AUG 29 2022