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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

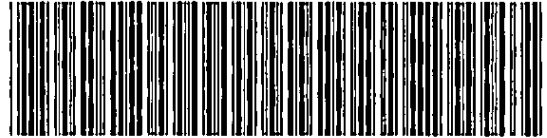
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SNF Receivable 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:

Ann Trimble
Name of Person

SNF Receivable Solutions
Firm/Company

P.O. Box 2110
Address

Tallahassee FL 32304
City/State and Zip Code

a.trimble@snfreceivablesolutions.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ann Trimble at (513) 274-91012
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. SNF Receivable Solutions 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. State of Ohio
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-2061310
(FEI number, if applicable)

4. September, 2020
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 9714 Sorbonne Loop
(Street Address of Principal Office)

6. P.O. Box 211
(Mailing Address)

Seffner, FL 33584

Thonotosassa, FL 33592

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

Name: Ann Trimble

Office Address: 9714 Sorbonne Loop

Seffner, Florida 33584
(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.

Ann Trimble
(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 checked="" type="checkbox"/> Manager	Name:	Ann Trimble		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	P.O. Box 2110		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized Person		Thonotosassa, FL 33592		<input type="checkbox"/> Authorized Person			
<input type="checkbox"/> Other		9714 Soberne Loop		<input type="checkbox"/> Other			
		Safford, FL 33594					
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized Person				<input type="checkbox"/> Authorized Person			
<input type="checkbox"/> Other				<input type="checkbox"/> Other			
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized Person				<input type="checkbox"/> Authorized Person			
<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.

Ann Trimble
Signature of an authorized person
Ann Trimble
Typed or printed name of signee

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 SNF RECEIVABLE SOLUTIONS, LLC, an Ohio Limited Liability Company, Registration Number 4046053, was organized in the State of Ohio on July 3, 2017, 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 14th day of June, A.D. 2022.*

Frank LaRose

Ohio Secretary of State

Validation Number: 202216502298

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